

Washington Orthopaedics and Sports Medicine, P.A.
Consent and Policy to Treat a Minor

Minor Patient's Name: _____

DOB: _____

It is our policy that all minors being treated by our physicians who are:

- Under the age of 18 years old must have at least one legal guardian present at the time of their **first visit** with our practice. This includes any previously seen patients with a “**new**” problem.
- Patients between the ages of 15-17 years old must have at least one legal guardian accompany them to all follow-up visits for their condition **unless** they provide the practice with the following consent.
- Under the age of 15 years old must have at least one legal guardian accompany them to all follow-up visits unless they sign the consent below allowing a family/friend representative to accompany them.

Understand that if we do not have this consent, we will NOT be able to provide care for a minor that does not have at least one legal guardian present. Please check one of the following:

The minor under my guardianship is 15-17 years of age and I give my consent for him/her to attend an **unaccompanied appointment**, for the continuation of treatment in conjunction with the current illness/injury. In addition, I give my consent for medical care based on the criteria below.

The minor under my guardianship is under 15 years of age and I give my consent for him/her to attend an **appointment accompanied by an adult representative greater than 18 years of age** of my choice, for the continuation of treatment in conjunction with the current illness/injury. In addition, I give consent for medical care based on the criteria below.

I do not wish for the minor to be seen without a parent or guardian present at each office visit.

The undersigned hereby authorizes Washington Orthopaedics and Sports Medicine, P.A. as our agent to provide ongoing medical treatment by any licensed physician or physician assistant (including support staff) employed by our practice for my minor child, when such treatment is deemed necessary by such physician in conjunction with current illness/injury being treated by Washington Orthopaedics and Sports Medicine, P.A.

Signature of parent/legal guardian

Date

This consent is good for the duration of care for individualized problem/diagnoses. If a minor has been seen by a provider at Washington Orthopaedics and Sports Medicine, P.A. previously for another condition this **DOES NOT APPLY**. A new one will be required.