



## Permission to Accompany a Minor Form

I, \_\_\_\_\_, give permission to \_\_\_\_\_  
(Name of Parent/Guardian) (Name of adult to be accompanying child)  
to accompany my child \_\_\_\_\_ and authorize treatment for my  
(child's name and DOB)

child at MidAmerica Orthopaedics. This includes bringing the child into an office of MidAmerica Orthopaedics, providing a history of present illness, disclosing protected health information, witnessing any physical exam completed by the provider. I agree to be available by phone and to be financially responsible for all copays and coinsurance.

This adult has the responsibility to relay any diagnosis, treatment plan or prescription(s) to the parent or legal guardian mentioned above.

This authorization is effective from: \_\_\_\_\_ to \_\_\_\_\_.  
(effective date) (end date)

### Child's Health Information

Current prescribed or over-the-counter medications and dosages:

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Allergies, illnesses or other comments:

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### Emergency Contact Information for Parents/Guardians:

Where/how can you be contacted in case of emergency? \_\_\_\_\_

Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

**Identification is required upon check-in.**

**Parent or Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_