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PERMISSION TO TREAT A MINOR WITHOUT A PARENT/GUARDIAN PRESENT

ActiveYouth Orthopaedics must receive permission from a child's parent or legal guardian before providing treatments for any injury or illness that is non-life threatening. This form grants our office the temporary legal authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians.

Please Note:

- A parent/legal guardian **MUST** be present for their child's first visit with ActivYouth Orthopaedics
- The accompanying party **MUST BE** at least 18 years of age.
- A new "Permission to Treat a Minor" form is required for each visit that a minor will be seen without his/her parent/legal guardian and is given in advance of any such treatment to provide authority and power on the part of the Designated Adult.

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____ TODAY'S DATE: _____

I, _____, grant _____ (an adult into whose care, the
Parent/Legal Guardian Designated Adult
minor has been entrusted) to arrange for and authorize routine and emergency treatment at ActivYouth Orthopaedics for the following date: _____ (this date indicates when this form is valid.) I authorize the designated adult to summon all professional emergency personnel to attend and treat the minor and to issue consent for any x-ray, medical diagnosis, treatment or hospital care deemed advisable by and to be rendered under the general supervision of the licensed physician Dr. Ronald D. Snyder, MD, MS.

PARENT/LEGAL GAURDIAN SIGNATURE: _____

Printed Name (Designated Adult): _____ Date: _____

Relationship to Patient: _____

Please be sure to send the insurance card and co-pay (if applicable) to the appointment.

In Case of an Emergency, I can be reached at:

Home: _____ Work: _____ Cell: _____