

Orthopaedic Specialists of the Four States, LLC
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Authorization for Medical Care of a Minor

If you are not immediately available when your child becomes ill or has an accident, this form allows a guardian to give permission to a physician to provide necessary emergency care. This form is designed in accordance with legal requirements. All blanks should be filled in. This consent is not valid if the care of a child is entrusted to a person under 18 years of age. By law it is necessary for your physician to have a written release to treat your child when accompanied by anyone other than the legal guardian. Please be sure to complete this form when sending your child to his/her doctor with any other person.

I, _____ (Parent's Name) the undersigned parent/person having legal custody or the Legal guardian of (Patients Name) _____

DOB _____ do hereby authorize:

Authorized Person

Relationship to Child

To consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician or surgeon licensed under the state of Kansas.

In giving this consent I recognize and understand that in situations where the above named minor requires medical or hospital care it may not be possible to contact me and that in such situations I will not be able to knowledgeably evaluate and choose the available alternative treatments or procedures, or to evaluate the risks attendant upon each, and the risks attendant to foregoing all treatment. In such situations, I authorize a physician or surgeon to exercise his professional judgement and assess the risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as they in their professional judgement determine to be necessary for the health and safety of the above named minor.

**** IF PARENTS ARE DIVORCED OR SEPARATED PLEASE FILL OUT THIS SECTION****

Who has custody /physical guardianship? _____

Do parents have joint custody over the child? _____

Any legal restrictions regarding the non-custodial parent from consenting/obtaining medical treatment? Y/N

If yes, please explain and provide a copy of the legal restriction.

Signature: _____ Relationship _____

Printed name: _____ Date: _____