



Authorization and Informed Consent for Treatment of a Minor

Dear Parent/Guardian:

Treatment of minors requires a team effort by OSMC's medical care provider(s) and the minor's parent or guardian. The parent or guardian's responsibility includes supporting the medical directives given by the medical provider. The medical provider's role includes ensuring that the parent or guardian is aware of and concurs with the treatment their child receives.

While we encourage attendance of all appointments by parents or guardians, we understand that work and other life circumstances may occasionally prevent a parent from coming to an appointment with a child who is under the age of eighteen. In an effort to balance patient needs and our medical responsibilities to ensure the optimal health care of our young patients, we ask the following:

- A parent/legal guardian must attend a minor's first visit at OSMC.
➤ A parent/legal guardian must attend a minor's first visit for any new illness/injury.
➤ A parent /legal guardian must be in attendance for MRI, In-Office Procedures, Surgeries and IMPACT testing.
➤ If a parent is unable to accompany a minor child, after the initial visit, then another authorized and responsible adult must accompany them. This Authorization and Informed Consent for Treatment of a Minor form must be signed by the parent and on-file. Additionally, the parent must also agree to be available to be contacted by phone during the exam should the provider feel it necessary.
➤ In certain circumstances, the provider may require attendance by the parent/guardian if he/she feels that the nature of the content of the exam, the minor's ability to comprehend, etc. requires it. Therefore, even if the parent has authorized treatment, the provider may decline to see the minor without the parent/guardian in attendance at subsequent visits.
➤ Rehabilitation Services: After the initial therapy visit, arrangements may be made for minors over the age of 14 to attend therapy sessions without a parent, guardian or accompanying adult.

I authorize and give consent to OSMC for medical evaluation and treatment of my child if a parent/legal guardian is not present.

Name of Patient: _____

Patient Birth Date: _____

- ____ I/we hereby consent to the providing of any and all medical services other than surgical procedures without parent/legal guardian, but with another authorized and responsible adult present.
____ I/we hereby consent to the providing of Rehabilitation Services for a minor over the age of 14 without parent/legal guardian, or other adult present.
____ I/we acknowledge that we are responsible for all charges in connection with the care and treatment rendered.

Parent or Legal Guardian Signature

Date Signed

Print Name of Parent or Legal Guardian

I hereby revoke this consent:

Parent or Legal Guardian Signature

Date of Revocation

OSMC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, religion, pregnancy, sex, sexual orientation, gender identity, age, or disability.
Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-398-2058.
Chinese 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1- 800-398-2058。