

ADVANCED SPINAL CARE & REHABILITATION

112 Chestnut St Coshocton, OH 43812

(740) 291-8100

Consent to Treat Patient – Without Parent /Legal Guardian Present

By law, any child under the age of 18 years old cannot be seen by a doctor without consent from a parent or legal guardian. If the minor arrives without an accompanying adult, we must have written permission from the parent or legal guardian that the minor may be treated.

Minor's

Name: _____ **DOB:** _____
Last First Middle

- Check here if you wish to give consent for the minor to receive medical care **without an accompanying adult**, which shall be in effect for: Date _____ **Only**
- Indefinitely, until revoked by written communication

AUTHORIZATION:

I (parent/legal guardian name) _____ request and authorize Advanced Spinal Care & Rehabilitation and its personnel to complete a sports physical to my child listed above.

I have read, understand, and give my consent as stipulated above. My signature means that I have read this form and/or have had it read to me and explained in the language that I can understand.

Parent or Legal Guardian (please print) Relationship

Parent or Legal Guardian Signature Date