

Newswander Curtis Foot & Ankle Authorization to Treat Minor Patient

Patient Name _____

Guardian Name _____ Phone (____) _____

Adult Caretaker Name _____

By signing this document, I hereby authorize Bradley L Newswander, DPM, PLC to allow the adult caretaker named above to accompany the minor patient in all aspects of treatment. Further, consent/permission is hereby given to the named adult caretaker to secure proper treatment for, and to order injection, anesthesia, or other in-office surgical procedures, under recommendation of the medical staff of Bradley L Newswander, DPM, PLC. I also assume the responsibility for the payment of any such treatment.

Signature of Parent/Legal Guardian Printed Name of Parent/Legal Guardian Date

Signature of Accompanying Caretaker Printed Name of Accompanying Caretaker Date

Release of Information:

I hereby authorize Bradley L Newswander, DPM, PLC to release any medical information or incidental information relating to the treatment of the named minor patient to the named adult caretaker.

Signature of Parent/Legal Guardian Printed Name of Parent/Legal Guardian Date