



Consent for Treatment of a Minor Child

This Authorization to Treat a Minor Child (this "Authorization") is dated as of _____, and is executed by _____ the parent or legal guardian of the child described below.

This Authorization should be taken with the Child to Optimum Foot Care, LLC when the Child is taken for treatment.

I, _____, parent or legal guardian of _____, ("Child") with a date of birth of ____/____/____ without limitation, the administration of anesthesia determined by a physician of Optimum Foot Care, LLC to be necessary for the health and welfare of the Child, while said Child is under the care of _____, ("Care Provider").

This authorization is effective from _____ to _____ ("Effective Time"). By this Authorization, the undersigned hereby agrees and authorizes Care Provider, in my place and stead and with full authority (but without the power of substitution), in consultation with the treating physician(s), to make the medical decisions, including treatments and procedures necessary or appropriate to treat Child, in the Child's best interests.

This Authorization may be revoked, repealed, or revised at any time by the undersigned, upon written notice thereof to Care Provider and any then-treating physician, if any.

The following information is provided for assistance in any medical treatment or procedure:

CHILD'S MEDICAL INFORMATION

Child's known medical conditions _____

Child's doctor(s) name and phone number _____

Child's Allergies _____

Child's Current Medications _____

Child's Prior Surgeries _____

Any previous difficulties with anesthesia? ☐ No ☐ Yes. Please explain _____

I understand and agree with this Consent for Treatment of a Minor Child with Optimum Foot Care. I acknowledge that I have had the opportunity to ask questions and that my questions have been answered to my satisfaction. By written or electronic signature, I consent for the "Child" to receive podiatric medical services from Optimum Foot Care.

Signature of Patient or Legal Guardian

Relationship to "Child" (Please Print)

Name of Signee (Please Print)

Witness (Optimum Foot Care, LLC Staff)

Date