



Consent to Treat a Minor Child

The providers and staff of Western Washington Medical Group – Department of Orthopedics places great emphasis on the health and well being of each and every patient in our clinic. We appreciate that you have entrusted us to provide health care services to your minor child. We look forward to working with you to ensure that your child receives the best health care possible.

As a general rule the practitioners prefer that a parent or guardian accompany their minor children during office visits and/or treatment. However, we require the consent of a parent or legal guardian in order to provide health care services to a minor child (someone under the age of 18). In an effort to provide care needed and avoid having to reschedule your child's appointment, we have developed an Advance Consent to Treat Minors form that, once completed by a parent or legal guardian, will be placed in the child's medical record for use as necessary by qualified medical personnel. By signing this form you are acknowledging the risk, benefits and alternative to treatment or examination and that you agree to pay for services rendered.

The consent form will remain in effect until revoked in writing.

Date: _____

Child's Name _____

Date of Birth _____

I, _____, give permission for my child to be seen by his/her physician if I am unable to accompany my child to his/her visits.

Parent/Guardian signature _____