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Consent To Treat Minor Patient Without Parent Present

In order for us to treat a minor without legal parent/gardian present, please complete form below.

I, _____ (print name) am the parent/ legal guardian of
_____ (print full name of minor), whose date of
birth is ___/___/_____.

I authorize the Juneau Bone and Joint Center to provide medical care to my legal child, including but not limited to, diagnostic exams, treatment procedures and prescribing of medications deemed appropriate by her/his provider.

I understand that, should my child need more invasive diagnostic or surgical procedures, attempts will be made to contact me before such care is initiated.

This consent will remain in effect until the child reaches legal age of eighteen years old unless revoked in writing to Juneau Bone and Joint Center.

Mark, YES , if you would like the provider to call you after the appointment or NO , if you do not wish to receive a call. *If you marked yes please provide phone number:* _____.

By signing this, I acknowlege that I have read and agree to this consent.

Signature of parent/legal guardian

Date