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## Consent To Treat Minor Patient Without Parent Present

**For us to treat a minor without legal parent/guardian present, please complete the form below.**

I, \_\_\_\_\_ (print name) am the parent/ legal guardian of  
\_\_\_\_\_ (print full name of minor), DOB: \_\_\_\_\_.

I authorize 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 the legal age of eighteen years old unless revoked in writing to Juneau Bone and Joint Center.

Mark, YES  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 acknowledge that I have read and agree to this consent.

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date