

**Please check one of the following:**

- The minor child under my legal care is 15-17 years of age, and I give my consent for him/her to attend an **unaccompanied** appointment. In addition, I give consent for medical care as described below.
- The minor child under my legal care is under 15 years of age, and I give my consent for him/her to attend an appointment **accompanied by an adult representative greater than 18 years of age** as designated below. In addition, I give consent for medical care as described below.

I, \_\_\_\_\_, the parent or legal guardian of  
(Name of Parent or Legal Guardian)

\_\_\_\_\_, hereby authorize  
(Name of Minor Child)

\_\_\_\_\_ to accompany my above-named child to office visits with  
(Name of Adult Bringing Child to the Office) Cape Fear Orthopedics and consent to the examination and/or treatment of my child during the office visits.

**Medical Care of Current Condition:**

The undersigned hereby authorizes Cape Fear Orthopedics, as our agent, to provide ongoing medical treatment, by any physician, physician assistant, or physical therapist (including support staff) licensed through the State of North Carolina and employed by Cape Fear Orthopedics for my minor child when such treatment is deemed necessary by the physician in conjunction with the current injury/illness being treated by Cape Fear Orthopedics.

**Emergent Care (If Applicable)**

In addition, I hereby authorize Cape Fear Orthopedics, as our agent, to provide emergent care by any licensed physician, physician assistant, or physical therapist (including support staff) for the above-mentioned minor if I cannot be reached within a reasonable amount of time, by reason of absence from the community or otherwise. Such consent may include, but is not limited to medical treatment, test, X-ray examination, injections, or drugs, and the performing of whatever procedures may be deemed necessary or advisable. It is understood that this authorization is given in advanced of any specific diagnosis, treatment, or hospital care being required, but is given to provide the authority to consent thereto as our said agent and the above-named child's attending physician, in the exercises of his or her best judgment, may deem advisable.

This authorization:

- is effective only on \_\_\_\_/\_\_\_\_/\_\_\_\_.
- is effective from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.
- is effective until revoked by me in writing.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

(Office Use Only) Person #: \_\_\_\_\_