



A Member Practice of Therapy Partners

Consent for Treatment of Minor Patient / Verbal Consent for Minors

Minnesota Sport & Spine Rehabilitation requires that a parent or legal guardian accompany any minor children (under 18 years of age) to their medical appointments. In the event that a parent or legal guardian is unable to accompany a minor child to a medical appointment, the parent or legal guardian must sign this Consent for Treatment of Minors to be kept on file at MN Sport & Spine Rehabilitation and must also send a copy of a parent's photo ID (preferably a driver's license, however could be a utility bill showing proof of patient's home address). If we do not have written consent to treat at the time of the patient's first visit, we will attempt to call for verbal consent. If we are unable to reach a parent or guardian, we will not be able to initiate treatment.

Name of child: _____ DOB: _____

Name of parent or legal guardian: _____ DOB: _____

Relationship to child: _____

Telephone number of parent or legal guardian: _____

Other individual(s) who may authorize treatment: _____

I give MN Sport & Spine Rehabilitation permission to treat my child listed above and agree to reimburse MN Sport & Spine Rehabilitation for the cost of rendering services to my child.

Parent/Legal Guardian Signature (**REQUIRED SIGNATURE**) Date

CLINIC USE ONLY BELOW LINE

If a minor comes in for their first appointment without a parent or legal guardian, verbal consent is REQUIRED prior to treatment. If you are unable to get a verbal consent, the minor CAN NOT be treated. Please complete this section if verbal consent is needed.

Date _____ Staff _____

Patient Name: _____ DOB _____

Name of Consenting Parent/Legal Guardian _____ Phone _____

____ Verbal consent given

____ Paperwork sent home with minor

____ Unable to reach parent/Guardian **DO NOT TREAT**