



## PARENTAL PREAUTHORIZATION FOR TREATMENT OF MINOR

In the interest of your child's safety and to promote your understanding of your child's medical condition and treatment options, Hand Surgery of Northern Michigan has adopted the following policy for treatment of minors at our facility. Minors are defined as children under the age of 18 years.

It is our policy that any person under the age of 18 should be accompanied by a parent or legal guardian for their initial appointment with our physicians. If the parent or legal guardian is not available, the patient must have written permission for treatment.

If a child comes to an initial physician appointment without a parent/guardian or written permission for treatment, their appointment may be re-scheduled.

Please review the following authorization for treatment and complete the information if you want to authorize treatment in advance.

### AUTHORIZATION

**I request and authorize Hand Surgery of Northern Michigan and its personnel to deliver medical care to my child.**

Name of Child/Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

If necessary, please try to contact me/us regarding the healthcare of the child at the following numbers:

Parent/Guardian Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.