

## **Department of Orthopaedics Parent/Guardian Consent Designation**

a. In general, it is best if parents or guardians accompany their child or minor because of the importance of proper communication between the provider and the parent or guardian.

b. A parent/guardian may designate another person to consent to certain health care for their minor child. This does NOT include major medical treatment, defined as a medical, surgical or diagnostic intervention or procedure requiring general anesthesia, significant risks, or major surgery.

c. Unless otherwise specified, this is a designation for any treatment the child/minor may need.

Name of Parent/Guardian:	 	 
Name of Designee:	 	 

Unless you specify otherwise below, your designee is allowed to authorize all care and treatment during your child's clinic visit.

The above designee may consent to examination and treatment of the above minor on behalf of the above mentioned parent/guardian, by providers within the department of orthopaedics and rehabilitation.

Signature of Parent/Guardian

Date of Signature

Office Use Only

Name of Minor:

Date Received:

601 Elmwood Ave., Box 665, Rochester NY 14642