

MINOR RESPONSIBLE PARTY

MUST BE COMPLETED BY THE CHILDS LEGAL GUARDIAN. IF PARENTS OF MINOR ARE DIVORCED, THE RESPONSIBLE PARTY IS THE PARENT WHO ACCOMPANIES CHILD TO THE APPOINTMENT.

PARENT OR GUARDIAN NAME(S) _____

RELATIONSHIP TO PATIENT _____ PHONE # () ____ - ____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SS# _____ - _____ - _____ BIRTHDATE ____/____/____ EMPLOYER _____

AUTHORIZATION TO TREAT MINOR IN ABSENCE OF PARENT OR GUARDIAN

(OPTIONAL)

TO BE FILLED OUT IF ANYONE OTHER THAN PARENT OR LEGAL GUARDIAN WOULD ACCOMPANY THE MINOR TO APPOINTMENT

NAME OF MINOR PATIENT _____ BIRTHDATE ____/____/____

I CERTIFY THAT I AM THE PARENT AND/OR LEGAL GUARDIAN OF _____

_____ I AUTHORIZE (NAME OF PERSON BRINGING CHILD) _____

TO BRING MY CHILD TO OFFICE VISITS WITH DR. JAMES OWEN OR DR. DANA OWEN AND GIVE CONSENT TO THE EXAMINATION AND/OR TREATMENT OF MY CHILD.

_____ I AUTHORIZE THE MINOR CHILD NAMED ABOVE TO COME ALONE TO OFFICE VISITS WITH DR. JAMES OWEN OR DR. DANA OWEN. AND I CONSENT TO THE EXAMINATION AND/OR TREATMENT OF MY CHILD. PHONE # WHERE I CAN BE REACHED IF NEEDED () ____ - ____

I UNDERSTAND THIS AUTHORIZATION IS EFFECTIVE UNTIL REVOKED BY ME IN WRITING.

IF THE CHILD IS BEING ACCOMPANIED BY SOMEONE OTHER THAN THE PARENT OR GUARDIAN, PAYMENT IS STILL EXPECTED AT THE TIME OF SERVICE.

PARENT/GUARDIAN SIGNATURE: _____

DIVORCED PARENTS OF A MINOR CHILD

THE PARENT ACCOMPANYING THE CHILD FOR TREATMENT WILL BE THE PARENT RESPONSIBLE FOR CHARGES FOR THAT DATE OF SERVICE. IF THE DIVORCE DECREE REQUIRES THE OTHER PARENT TO PAY ALL OR PART OF THE COST, IT IS THE ACCOMPANYING PARENTS RESPONSIBILITY TO COLLECT FROM THE OTHER PARENT. WE WILL BE HAPPY TO PROVIDE A RECEIPT OF PAYMENT. **INITIALS** _____