

FAMILY FOOT & ANKLE PHYSICIANS, PLLC

J Scott Stancil, DPM Amy M Pitzer, DPM Rick C. Chen, DPM Aaron J. Leshikar, DPM
1432 E. Fire Tower Road, Greenville, NC 27858
P (252) 439-1150 F (252) 439-1152

CONSENT TO TREAT MINOR CHILDREN

I, _____, parent or legal guardian of _____,
DOB ___/___/___ do hereby consent to any medical care and the administration of
anesthesia determined by Family Foot & Ankle Physicians, PLLC to be necessary for the welfare
of my child while said child is under the care of _____.
Address _____

_____ and I am not reasonably available by telephone to give consent. This authorization is effective
from the ___ day _____, 20___ to ___ day _____, 20___.

Signature of Parent or Legal Guardian

Date

Witness Signature

Witness Name (please print)

***This consent form should be taken with the child to the hospital or physician's office when
the child is taken for treatment. This additional information will assist in treatment if it can
be furnished with the consent but is not required.***

Family Address _____

Father's Telephone: _____ Mother's Telephone: _____

Last Tetanus: _____

Allergies to drugs or foods: _____

Special Medications, Blood Type or Pertinent Information: _____

Child's Physician: _____ Phone: _____

Insurance: _____ Policy # _____

Preferred Hospital: _____