

FAMILY FOOT & ANKLE PHYSICIANS, PLLC

J. SCOTT STANCIL, DPM AMY M. PITZER, DPM RICK C. CHEN, DPM BRIAN L. JONES, DPM
1432 East Fire Tower Road Greenville, North Carolina 27858 (252) 439-1150

CONSENT TO TREAT MINOR CHILDREN

I, _____, parent or legal guardian of (child) _____,

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.

Parent/Guardian registering child:

NOTICE: Parent registering child must hold legal custody of child. Legal documentation may be required upon registration. Registering parent agrees all family information below is accurate.

Name: _____ Circle: (Father / Mother / Legal Guardian)

Phone: Home #: _____ Work #: _____ Mobile #: _____

Email: _____

Signature: _____ Today's Date: _____

Child's other parent / legal guardian

Name: _____ Circle: (Father / Mother / Legal Guardian)

Phone: Home #: _____ Work #: _____ Mobile #: _____

Email: _____

Signature: _____ Today's Date: _____