

Family Foot & Ankle Physicians, PLLC

J. Scott Stancil, DPM | Amy M. Pitzer, DPM | Rick C. Chen, DPM | Brian L. Jones, DPM | Anne S. Cossoguë, DPM
1432 East Fire Tower Road; Greenville, North Carolina 27858
Phone: (252) 439-1150 Fax: (252) 439-1152

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: _____