

**Foot & Ankle Specialists of Middle Tennessee**

**Consent to Treatment of a Minor When  
Parents/Guardians Are Temporarily  
Unavailable**



\_\_\_\_\_  
Patient Name/Date of Birth

I give permission to the physicians, providers, and nurses of Foot & Ankle Specialists to treat my child in my absence. I authorize any medical treatment that may be necessary in an emergency and in my absence for the well-being of the above-mentioned minor.

It is understood that this consent is given before any specific diagnosis or treatment and allows the physician/provider to diagnose and treat the child even when the parent or guardian is not present.

Person(s) who may consent to treatment:

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Concerns:

\_\_\_\_\_  
\_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

\*If Power of Attorney is required to show legal guardianship, you will be required to show Power of Attorney paperwork.

This Consent is effective until withdrawn in writing by the child's parent or guardian or until the child turns 18 years of age.