2250 E. 42nd Ave Ste 200
Anchorage, AK 99508
907-569-3668 P
907-569-3669 F

3190 E. Meridian Park Loop Ste 205
Wasilla, AK 99654
907-373-3338
907-373-3368

AUTHORIZATION TO TREAT MINOR IN ABSENCE OF PARENT/GUARDIAN

Name of minor patient: _________________________________ DOB ______________________

PLEASE PRINT

I certify that I am the parent and/or legal guardian of ___________________________________.

☐ I authorize _____________________________ to bring my child to office visits at Alaska Foot & Ankle Specialists and to consent to the examination and/or treatment of my child.

☐ ________________________________ is attending the appointment alone. I authorize and consent to the examination and/or treatment of my child

Please use the following credit card for payment and provide copy of bill and receipt:

Card # _____________________________________ **Exp. Date**: _________________

Name on card: _________________________________ **Secure code**: ______________

This authorization:

☐ is effective on ______________________________.

☐ is effective from ______________________ to ______________________.

☐ is effective until revoked by me in writing.

I reserve the right to revoke this authorization at any time in writing submitted to Alaska Foot & Ankle Specialists.

____ Date: __________________________

PRINT NAME PARENT/GUARDIAN

____

SIGNATURE

PICTURE ID OR COPY OF MUST SUBMITTED WITH THIS NOTICE