



Chan Soon-Shiong
Medical Center
at Windber

Orthopedic Walk-In Clinic

PERMISSION TO ACCOMPANY A MINOR

I (parent/guardian), _____, give permission to
(name of adult to be accompanying minor) _____
to accompany my child _____ and authorize
treatment for my child in accordance of the Orthopedic Walk-In Clinic. This
includes bringing the child into the office, providing a history of present illness,
disclosing protected health information, and witnessing the physical exam
completed by the provider. This adult has the responsibility to relay any diagnosis
and treatment plan or prescription(s) to the parent or legal guardian mentioned
above. I agree to be available by phone and to be financially responsible for all
co-pays and coinsurance.

Signature of Parent or Legal Guardian

Date