

# OUCH – Orthopedic Urgent Care Home

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## MINORS ACCOMPANIED BY SOMEONE OTHER THAN PARENT/LEGAL GUARDIAN

Today's effective date: \_\_\_\_\_

Patient name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

I authorize the following individual to transport my child (listed below) to and from his/her medical appointments:

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Signature of alternate caregiver: \_\_\_\_\_

The above named individual is authorized to accompany my child to and from his/her appointments. I acknowledge that I remain the child's legal guardian and that I, and/or the child's other legal guardian (if applicable), *must be available by telephone call during the appointment* at the number(s) listed below to discuss or consent to any further medical treatment.

I hereby authorize the protected health information regarding the above-named person to be exchanged between OUCH Orthopedics/Dr. David Brown and the individuals listed above for the following purpose: Allowing the above-named individuals to accompany my child for his/her appointment and to receive information directly relevant to such individuals' presence at my child's appointment. The patient's parent/guardian provides authorization to the alternate caregiver listed above to consent to medical care for the patient where appropriate. If I am a parent, I attest that I have legal custody of the minor.

I hereby release and hold harmless the physicians, employees and other persons who act in reliance on this authorization.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Other Parent/Guardian Name & Phone number: \_\_\_\_\_