

Appointment of Person to Provide Consent for Treatment of Minor

Arthrex Medical Center • 1284 Innovation Drive, Suite 100 • Naples, FL 34108

As an Arthrex employee, your minor child may be entitled to receive medical benefits at Arthrex Medical Center. You may wish to designate another adult who is not a parent or legal guardian of your minor child as a person who can consent to treatment of your minor child. Please review the following authorization and complete the information if you wish to designate another adult as a person who can consent to treatment for your minor child. Be advised that protected patient health information may be shared with any person to whom the right to consent has been delegated in order to facilitate informed decision making.

I am the parent or legal guardian of the child listed below. I have the legal right to appoint a person who is not my minor child's parent or legal guardian to provide consent to medical treatment of my minor child. In the event I cannot be present prior to or during treatment of my minor child, I hereby appoint the person identified below as someone who is authorized to consent to medical care for my minor child.

First Name of Child:	Last Name of Child:	Date of Birth:
Name of Appointed Person:		Relation to Child:
Name of Appointed Person:		Relation to Child:

I request that the medical services for which this appointment is given be limited to those medical services listed below. If none, state "none."

I request that this appointment be limited to the time period identified below. If none, state "none." This appointment shall remain in effect until revoked in writing or until the date indicated below.

By signing below, I agree and acknowledge all of the information, facts, terms, and conditions of this Consent Form.

In Witness Whereof, the undersigned has executed this instrument as of the day of , 20 .	
Printed Name of Parent or Legal Guardian:	Printed Name of Witness:
Signature of Parent or Legal Guardian:	Signature of Witness: