



AUTHORIZATION FOR MEDICAL CARE

Patient Name: _____ Date of Birth: _____

Patient's Legal Guardian: _____

Patient's Address: _____ Telephone #: _____

_____ Cell Phone #: _____

I, _____ give the following adults(s) permission to bring my child and make medical decisions for my child if I am unavailable. This authorization will remain in effect for one (1) year from the date of signature. This authorization may be revoked at any time with a written revocation. This must be submitted in writing.

Signature of Legal Guardian Date

Parents: _____ Foster Parents: _____

Name of Authorized Person Date

Name of Authorized Person Date

Name of Authorized Person Date

Name of Authorized Person Date



Policy for Divorced and Separated Parents

PLEASE READ & SIGN THIS FORM, EVEN IF IT DOES NOT PERTAIN TO YOUR FAMILY

The providers and staff of Roadrunner Foot and Ankle are here to take care of children. Our focus is on the medical, psychological and emotional health of your child(ren) – NOT legal issues involving divorce, separation, or custody agreements. That is why we ask you to read and agree to the following:

- 1) Either parent or legal guardian can schedule an appointment for the child, be present for the visit, and/or obtain a copy of the visit summary. **Unless there is a court order in the child's record that restricts a parent's rights, please do not ask us to limit the other parent's involvement in your child's care.**
- 2) Payment (copay, deductibles, supplies and etc.) are due at the time of service regardless of which parent is responsible for medical coverage. We are not a party to your divorce agreement. **We will collect payment due from the parent who brings the child to the visit.** If the divorce decree requires the other parent to pay all or part of the treatment cost, it is the authorizing parent's responsibility to collect from the other parent.
- 3) Both parents/legal guardians can sign an "Authorization for Medical Care" form. This means other persons (grandparents, nannies, etc.) are authorized to bring your child to our practice and can consent for treatment during that visit. **We will not be involved in any disputes regarding named individuals on your child(ren)'s authorization form.** Both parents/legal guardians can see who is named on each other's forms; however, we will not comply with request to eliminate names on the other's forms, unless instructed by the Court. Please refer these requests to your attorney.
- 4) Additionally, we will not:
 - Call the other parent for consent prior to treatment or inform the other parent whenever visits are scheduled.
 - Restrict either parent's/Legal guardian's involvement in your child(ren)'s care, unless authorized by law.
 - Tolerate appointment scheduling/cancelling patterns of behavior between parents.
- 5) It is the parents' responsibility to communicate with each other about the patients care, office dates/visits and any other pertinent information relevant to the care of the child. Please do not ask our providers to call the non-attending parent following the visit.
- 6) Should the issues that come between parents become disruptive to our practice or impede the care of children, we reserve the right to discharge your family from further treatment.

Patient Name/DOB: _____

Parent/Legal Guardian: _____

Parent/Legal Guardian: _____