

Orthopaedics of Brevard

Lawrence G. Robinson, M.D. **Brian S. Ziegler, M.D.**

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Authorization for Minor Child to Receive Care

I hereby authorize Lawrence G. Robinson, M.D./Brian S. Ziegler and his personnel to examine and provide treatment to my minor child, _____ birthdate: _____, when he/she is accompanied by the following person(s). I understand that this authorization is valid from today's date and that any person listed will be required to provide a valid state identification. I understand that I may revoke this consent at any time.

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby state that I have legal custody of the above named minor child. I give the provider and staff permission to treat my child in my absence with recommended treatment plan they deem necessary and appropriate. I agree to assume financial responsibility for all expenses of such care. I understand that if the plan includes recommendation for surgery the best phone number to reach me is: _____.

Signature

Date

Print Name

Relationship