

The Family Foot Care Center

Dr. Jon T. Middleton, D.P.M., P.C.

www.familyfootcarega.com

Parental Consent Form

I, _____, do hereby state that in my absence, _____ may bring my minor child, _____ to any/all office visits The Family Foot Care Center. I understand that the named temporary guardian will be expected to present identification at each visit and stay in the room at all times during the visit. By signing this statement, I also agree to give the named temporary guardian access to my child's medical and financial information, and permission to make medical decisions as needed. This will be effective as of the signature date and will expire: _____ (Date).

Patient's Name: _____

Patient's Address: _____

Patient's Account Number: _____

Parent's Identification Number: _____

This consent is for ALL of The Family Foot Care Center's Locations as well as ALL of the Physicians & staff.

Parent's Signature: _____

Date: _____

Witness: _____

Date: _____

This document may be revoked by the parent/legal guardian at any time by providing The Family Foot Care Center documentation in writing.

Temporary guardian must be 18 years of age or older!