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Minor treatment consent form

Patient Name: _____ DOB: _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for Portsmouth Foot & Ankle, PLLC to administer general treatment for any minor injuries or illnesses experienced by the above named Minor., I authorize all professional personnel to attend, and treat the minor and to issue consent for any X-ray, anesthetic, medication, or other medical diagnosis, treatment deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the above named medical professionals in the exercise of his or her best judgment.

This authorization is effective through: _____. Signed this ____ day of _____, 20__.

Parent / Legal Guardian Signature: _____ Printed Name: _____

Witness Signature: _____ Printed Name: _____

NH by-Laws: 132:30 Consent Required. Notwithstanding any provision of law to the contrary, no medication or medical procedure shall be performed or provided, including dentistry, vaccinations and immunizations, and abortions to or upon any unemancipated minor without the written consent of a parent or guardian of such minor, as provided in paragraphs II and III, except in the case of a medical emergency.