



FOOT & ANKLE  
CENTERS

Thomas F. Rappette, DPM, FACFAS\*

\*Certified by the American Board of Foot and Ankle Surgery

654 W. Veterans Pkwy Suite D, Yorkville, IL 60560 (630) 553-9300

1802 N. Division St. Suite 305, Morris, IL 60450 (815) 942-9050

FootAndAnkleCenters.com

## Authorization to Treat Minor Patient in Absence of Parent/Guardian

Name of minor patient: \_\_\_\_\_ Account# \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

### Please Select Doctor select one option below:

- Dr. Thomas Rappette, FACFAS
- Manish Pandya, DPM
- Physical Therapy

### Please Select one option below:

- \_\_\_\_\_ to bring my child to office visits.  
*(name of person I authorize bringing child to office)*
- I authorize my child named above to come alone to a follow up office visit.

### This authorization:

- is effective on \_\_\_\_\_.
- is effective from \_\_\_\_\_ to \_\_\_\_\_.
- is effective until revoked by me in writing.

### Parent/Legal Guardian Contact Information:

Home phone number \_\_\_\_\_ Office phone number \_\_\_\_\_

Cell phone number \_\_\_\_\_ Other phone number \_\_\_\_\_

I reserve the right to revoke this authorization at any time by writing to the above-named physician.

\_\_\_\_\_ I have read and understand that adult supervision is **NOT** provided outside of therapy gym

Initial

**I certify that I am the parent and/or legal guardian, I consent to the examination and/or treatment of my child.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_