



## Partners in Family Care, P.C.

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### Permission to Treat a Minor without a Parent/Guardian present

Partners in Family Care, P.C. must receive permission from a child's parent or legal guardian before providing treatments for an injury or illness that is non-life threatening. This form gives us legal permission to treat your child in case you cannot accompany him/her to the office for treatment. If the party accompanying your child (baby-sitter, friend, relative, etc.) does not present this information the clinic will attempt to contact you to request permission to treat your child.

**Please Note:**

- A parent/legal guardian must attend a minor's first visit here at Partners in Family Care, P.C.
- Minors may not receive immunizations without a parent or legal guardian present.
- This "Permission to Treat a Minor" form is valid only for the dates listed below.
- In certain circumstances, in accordance with State and Federal laws, parent/guardian permission may not be needed for adolescents being seen for concerns of "heightened sensitivity" such as STD testing, family planning, mental health, etc.

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

I grant \_\_\_\_\_ (an adult into whose care, the minor has been entrusted) to arrange for and authorize routine and emergency treatment at Partners in Family Care for the following dates: \_\_\_\_\_ (these dates indicate when this form is valid).

**Please initial:**

- We/I are authorizing the minor to seek and consent to treatment with no adult present.  
 We/I acknowledge that we are responsible for all reasonable charges in connection with the care and treatment rendered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relation to patient (documentation may be requested): \_\_\_\_\_

**Please send the insurance card and co-pay (if applicable) to the appointment.**

**In case of Emergency, I can be reached at:**

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_