

Pinnacle Peak Podiatry  
7450 E Pinnacle Peak Rd, Ste 156  
Scottsdale, AZ 85255  
480-563-5115  
Fax: 480-563-5132  
Cathleen A McCarthy, DPM Kristina Jay, DPM

## PERMISSION TO ACCOMPANY A MINOR

I \_\_\_\_\_ give permission to \_\_\_\_\_  
(Name of Parent/Guardian) (Name of Adult to be accompanying child)  
to accompany my child \_\_\_\_\_ and authorize treatment for my child in accordance  
(Child's Name and Date of Birth)

with the office policy of Pinnacle Peak Podiatry. This includes bringing the child into the office of Pinnacle Peak Podiatry, providing a history of present illness, disclosure of protected health information, witnessing any physical exam completed by the podiatrist and responsibility of relaying any diagnosis, treatment plan, or prescription(s) to the parent or legal guardian mentioned above. I agree to be available by phone and to be financially responsible for all copays, deductibles and coinsurance. This authorization is effective from:

\_\_\_\_\_ and expires \_\_\_\_\_.  
(Effective Date) (End Date)

**We will need a copy of the driver's license of the parent or guardian and the person who is accompanying the child.**

### Child's Health Information:

Current prescribed or over-the-counter medications and dosages:

Medication: _____	Dosage: _____
Medication: _____	Dosage: _____
Medication: _____	Dosage: _____
Medication: _____	Dosage: _____

Allergies, illnesses or other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact Information for Parents/Guardians:

Where/how you can be contacted in case of emergency? \_\_\_\_\_

Phone: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

### Temporary Guardian Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Health Insurance Information

No Change since last visit (*skip to the next section*)

Insurance Company: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Copay: \_\_\_\_\_

Parent or Legal Guardian's Signature: \_\_\_\_\_

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