



Western Washington
Medical Group

Podiatry

Jeffrey W. Boggs, DPM, FACFAS, DABFAS
Kristen B. Boyce, DPM, FACFAS, DABFAS
Phillip A. Shaw, DPM, FACFAS, DABFAS

Fellow American College of Foot & Ankle Surgeons
Diplomate, American Board of Foot and Ankle Surgery®

CONSENT FOR MINORS

I, _____, the parent or legal guardian of my
child, _____, date of birth: _____,
authorize and consent to routine and emergency medical treatment for my child when deemed
necessary by qualified medical personnel. This authorization will be in effect until revoked in
writing by me.

Signature of parent/legal guardian

Date