



## PREMIER ORTHOPAEDICS & SPORTS MEDICINE, PLC

### CONSENT TO TREAT

I, being the parent/legal guardian, authorize Premier Orthopaedics & Sports Medicine, PLC to provide medical care reasonable by today's standards for

\_\_\_\_\_ *(Patient's full name)*

Print Full Name: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Contact Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

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

Verbal Permission Given by Telephone?  Yes  No

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

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