

Tennessee Valley Bone and Joint

Consent to Treat Minor without Parent or Guardian Present

I, The undersigned parent or legal guardian of (Patient Name) _____ (DOB) _____

authorize and consent to treatment of the above named patient, including but not limited to evaluation, treatment, x-ray, anesthetic and /or any other orthopedic care when I am not immediately available in person.

It is understood that this authorization is given in advance of any such orthopedic medical treatment or diagnosis and provides authority on the part of TVBJ to exercise his or her best judgment to diagnose and treat the patient (minor) even when the parent or legal guardian is not present.

Name of Parent or Legal Guardian _____ Relationship: _____

Contact Number: _____ Secondary Contact Number: _____

Parent or Guardian Signature: _____ Date: _____

This consent will remain in effect until withdrawn by the signee.

Witness Name: _____ Signature: _____ Phone: _____

Signature of person withdrawing consent: _____ Date: _____