

RALEIGH ORTHOPAEDIC CLINIC & THERAPY SERVICES

Consent for Treatment of Minor Child

I, being the parent or guardian of _____, do hereby request and authorize Dr. _____ and his/her staff to perform necessary services for my child which are deemed advisable by the physician, whether or not I am present at the actual appointment.

Below is a list of individuals who have permission to bring my child in for treatment:

Signature of Parent or Guardian

Date and Time

Witness

Date and Time

Approved by Operations Committee 8 February 2011
Revised Logo: 19 June 2013