BONE AND JOINT INSTITUTE

Consent to Treat Minor Children

Patient Name: _____ DOB: _____

Address: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Phone: _____ Alt Phone: _____

Relationship to Patient: _____

Allergies: _____

Medications: _____

_____

Pediatrician: _____ Phone: _____

Insurance: _____ Policy Number: _____

Preferred Hospital: _____

I, _____, parent or legal guardian, do hereby consent to any medical care and the administration of local anesthesia determined by a provider to be necessary for the welfare of the child while under the care of Bone and Joint Institute of Tennessee and I am not reasonably available by telephone to give consent.

_____ _____

Signature Date

_____ _____

Witness Signature Witness Name (please print)

This form expires one year from date of signature and must be submitted annually.