STEVENS POINT ORTHOPEDICS
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StevensPointOrtho.com

Treatment of Minors Consent Form

_____
(Patient Name)

_____ _____ _____
(DOB) (Age) (Gender)

I consent to care and treatment for my child related to his/ her medical appointment or physical therapy at Stevens Point Orthopedics:

For appointments scheduled on (date) _____ or within the date range: _____ to _____, for the following (reason for appointment) _____, with any healthcare provider authorized at Stevens Point Orthopedics.

- ☐ My child can attend this medical/physical therapy appointment alone.
- ☐ My child can attend this appointment accompanied by:

  _____ _____
  (Name) (Relationship)

- ☐ My child can be directly contacted regarding appointments. _____
  (Minor Phone Number)

If there is a need to contact me during my child's appointment to discuss care or treatment, I may be reached at the following phone numbers:

- ☐ Home: _____
- ☐ Work: _____
- ☐ Cell: _____
- ☐ Other: _____

I further agree to reimburse Stevens Point Orthopedics for the cost of rendering these services to the extent that my insurance does not pay for these services.

_____ _____
(Parent/Guardian Signature) (Date)

_____ _____
(Printed Parent/Guardian Name) (Relationship to Child)

_____
Address (Street Name, City, State, Zip Code)