

Minor Patient Consent

Wellington Orthopaedic & Sports Meditreatment to	icine has my consent to give medical
for his/h	er
Name of minor	Body part
I realize that if I am not present at the named minor could possibly need x-ra medically necessary by the treating pr	
I also realize that the above named mitheir care in my absence.	inor could have to make decisions regarding
I understand that the above minor will the time of service.	be expected to pay any insurance co-pay at
If I am not at the appointment and hav take telephone calls from a parent or g	re questions, the physician will be unable to guardian during a busy clinic.
Parent/Guardian signature	Relationship to minor
Printed name of parent/guardian	 Date