

Consent for Treatment of Minor Child

I, being the parent or guardian of _____, do hereby request and authorize Carolina Orthopaedic Specialists to perform necessary services for my child which are deemed advisable by the physician/provider 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:

Name	Relationship to Patient
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Name	Relationship to Patient
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Name	Relationship to Patient
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Name	Relationship to Patient
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Signature of Parent or Guardian

Date and Time

Witness

Date and Time