



**Orthopaedic
Sports Medicine**
at Cypress

CONSENT TO TREATMENT AND CARE OF MINORS

Patient's Name: _____ **Chart Number:** _____
(Please Print) (For Office Use Only)

In my absence, I, _____ hereby give consent to
(Parent/Legal Guardian)

_____ to accompany _____
(Person accompanying minor) (Name of Minor)

to Orthopaedic & Sports Medicine at Cypress for his/her appointment, including emergency treatment by other health care providers affiliated with **Orthopaedic & Sports Medicine at Cypress.**

Signature of Parent/Legal Guardian Date

EMERGENCY PHONE NUMBERS

Mother: _____ **Home:** _____
(Please Print) **Work:** _____

Cell: _____

Father: _____ **Home:** _____
(Please Print) **Work:** _____

Cell: _____

Legal Guardian: _____ **Home:** _____
(Please Print) **Work:** _____

Cell: _____

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