FORGEY SPORTSMED & REHAB CLINIC, PLLC

CONSENT FOR TREATMENT OF A MINOR CHILD

I hereby authorize:

Forgey SportsMed & Rehab Clinic, PLLC and whomever they may designate as assistants to administer care as deemed necessary to my _____(indicate relationship of child - son /daughter).

_____DOB: _____
Name of Child

Signed: _____
(Parent or Guardian)

Witnessed: _____
(Office Staff)

Date: _____

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