

SOUTHWEST FOOT & ANKLE, LLC

CONSENT TO TREATMENT AND CARE OF MINORS

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

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

_____ to accompany _____ to
Southwest Foot & Ankle, LLC for his/her follow up visit, including emergency treatment
by health care providers affiliated with Southwest Foot & Ankle, LLC.

Signature of Parent/Legal Guardian Date

EMERGENCY PHONE NUMBERS

Mother: _____ (Please Print)

Father: _____ (Please Print)

Legal Guardian: _____ (Please Print)

Home _____ Work _____

Home _____ Work _____

Home _____ Work _____