

**Mid Tennessee Bone and Joint Clinic  
1050 N. James Campbell Blvd., Suite 200  
Columbia, TN 38401**

**CONSENT FORM FOR MINORS**

Minor's Name: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

Date of Onset/Injury: \_\_\_\_\_

I, the undersigned parent or legal guardian of the above minor, do hereby authorize and consent to the treatment of the above minor by Mid Tennessee Bone and Joint Clinic (Clinic) for the complaint or condition described and disclosed to the Clinic today.

I understand that treatment of the above minor may require multiple visits to the Clinic, and this consent shall be effective for the initial visit to the Clinic and for each other visit to the Clinic whether I am present during the visit or not.

The purpose of this consent is to consent to the Clinic, and any physician at the Clinic, providing treatment and care to the above minor for the complaint or condition set forth above.

This authorization shall remain in effect until I provide written notice to the Clinic that the consent is terminated.

Signature of Parent or Legal Guardian: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_