

AUTHORIZATION FOR TREATMENT OF A MINOR

I, _____, give Houston Methodist
(Legal Guardian)

Orthopedics & Sports Medicine permission to treat _____
(Patient Name)

for _____ on _____.
(Injury or Illness) (Date of Treatment)

I consent to treatment that has been deemed reasonable and necessary including any x-ray, lab work, or casting.

If, in the judgment of any representative of the school, the said student should need immediate care and treatment as a result of an injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse, or school representative, and I do hereby agree to indemnify and save harmless the school, team physician, and any school representative from any claim by any person whomever on account of such care and treatment of said student.

Signature: _____
(Legal Guardian)

Date: _____

Relationship to patient: _____