



THE ORTHOPAEDIC GROUP, P.C.

SATURDAY
SPORTS CARE

Parent Consent Form

Athletes 18 or under, a parent or guardian needs to be present. A coach or trainer may be present with the signed consent below.

Athlete's Name: _____

Date of Birth: _____

School: _____

Injury: _____

I hereby give my consent for my son/daughter

To be seen and evaluated by the Physicians and Staff (Orthopaedic Surgeon, Physician Assistant, trainer and Physical Therapist) at The Orthopaedic Group, P.C. I authorize the Physicians and Staff to share information regarding my son/ daughter's injury noted above with the athletic training and coaching staff at their school.

Parent/Guardian Signature _____

Date _____ Contact# _____