



**The Orthopaedic Group P.C.**

## **Saturday Sports Care Parent Consent Form**

For 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 #:** \_\_\_\_\_