

MidJersey Orthopaedics
8100 Wescott Dr.
Flemington, NJ 08822
Telephone: (908) 782-0600
Fax: (908) 782-7575

**FOR STUDENTS UNDER 18 YEARS OF AGE
PARENTAL CONSENT FOR TREATMENT**

I, the undersigned, authorize the physicians of MidJersey Orthopaedics to treat my son/daughter. This authorization covers the visit and any care deemed necessary by the treating physician.

It is distinctly agreed and understood that MidJersey Orthopaedics and its physicians shall not be responsible in any way for any consequences from said diagnostic, medical and/or surgical treatment and are fully relieved from any and all claims and demands whatsoever which arise, grow out of or be resultant to diagnostic treatment or surgical procedures.

This authorization is good for the next 12 months, expiring on _____.

PLEASE PRINT:

Child's Name: _____
(Last) (First)

Child's Date of Birth: _____

Child's Social Security Number: _____

Parent's Name: _____
(Last) (First)

Signature of Parent/Guardian: _____

Parent's/Guardian's Phone Number: _____



MIDJERSEY
ORTHOPAEDICS
LIVE LIFE BETTER.