

MAKESTRIDES

CONSENT FOR TREATMENT OF UNACCOMPANIED MINOR

Name of Minor: _____ (“Minor”)

Date of Birth of Minor: _____

I acknowledge that I am the parent or guardian entitled to the care, custody and control of Minor.

I represent that I am unable to accompany Minor to his/her appointment with Elite Sports Medicine and Orthopaedic Center on the _____ for examination or treatment.

I hereby request, authorize and direct Elite Sports Medicine and Orthopaedic Center to examine and treat Minor in my absence.

I understand that, in certain circumstances, the healthcare providers of Elite Sports Medicine and Orthopaedic Center may require that a parent or other authorized adult be present with Minor to assist in the diagnosis or treatment process. I agree to cooperate by being present at all times possible and when specifically requested by Elite Sports Medicine and Orthopaedic Center.

Name: _____

Signature: _____

Relationship: _____

Date: _____

NASHVILLE—MIDTOWN

STH Midtown Medical Plaza
2004 Hayes Street, Suite 200
Nashville, Tennessee 37203

NASHVILLE—CENTENNIAL

Centennial Campus
356 24th Avenue North, Suite 200
Nashville, Tennessee 37203

FRANKLIN—COOL SPRINGS

Medical Office Building
7105 South Springs Drive
Suite 100 and 111
Franklin, Tennessee 37067

NASHVILLE—GREEN HILLS

Green Hills Medical Building
2001 Woodmont Boulevard
Nashville, Tennessee 37215

LEBANON

Cumberland Skin Building
107 Glidepath Way
Lebanon, Tennessee 37090