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**WRITTEN CONSENT FOR ST. CLOUD ORTHOPEDICS/
ORTHOPEDIC SPORTS CENTER
TO TREAT A MINOR CHILD**

Account #: _____

I, _____ give written consent for St. Cloud
Parent/Legal Guardian

Orthopedics/Orthopedics Sports Center to provide treatment to my minor child.

_____ for _____
Name Condition

I understand if there is a change in my child's condition/treatment, another consent form will need to be signed.

Signature: _____ Date: _____
Parent/Legal Guardian (circle relationship to patient)