



Therapy Services

1909 Vista Drive
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(F)307-742-3093

www.premierboneandjoint.com

I, _____, parent or legal guardian of
_____, do hereby consent to any medical care
(and/or procedure) determined to be necessary for the welfare of stated minor
while being treated for the condition of (diagnosis):

_____.

This consent will include future visits regarding above diagnosis.

Signature of Parent or Legal Gaurdian

Date

Signature of Minor if age 15 or older

Date

Signature of Witness

Date