

**ORTHOPAEDIC SPECIALISTS OF TEXAS**

1201 Brooks Street Sugar Land, Texas 77478  
7500 Beechnut Ste 175 Houston, Texas 77074  
2500 Fondren Rd., Ste 209 Houston, Texas 77063  
281-690-4678

**AUTHORIZATION FOR TREATMENT OF A MINOR**

I, \_\_\_\_\_ give Orthopaedic Specialists of Texas  
(Legal Guardian)  
permission to treat \_\_\_\_\_  
(Patient Name)  
for \_\_\_\_\_ on \_\_\_\_\_  
(injury or illness) (date of treatment)

**I consent to treatment that has been deemed reasonable and necessary including any x-ray, lab work, or casting.**

**If, in the judgment of any representative of the school, the said student should need immediate care and treatment as a result of an injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse, or school representative, and I do hereby agree to indemnify and save harmless the school, team physician, and any school representative from any claim by any person whomever on account of such care and treatment of said student.**

Signature: \_\_\_\_\_  
(Legal Guardian)

Relationship to patient: \_\_\_\_\_