



KANSAS CITY BONE & JOINT CLINIC
A Division of Signature Medical Group of KC, PA

Corporate Medical Plaza
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Lee's Summit Office
3151 Carnegie Dr.
Suite B
Lee's Summit, MO 64064

CONSENT TO TREATMENT OF A MINOR

I hereby authorize examination and treatment of _____, a minor patient, by the physicians of Kansas City Bone & Joint Clinic (A Division of Signature Medical Group of KC, PA) and any assistants or designees deemed necessary by the physician. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as the results of treatments or examinations at this clinic.

_____ Signature of Patient or Parent/Guardian		_____ Relationship
_____ Date	_____ Witness	_____ Printed Name
_____ Street Address		_____ Home Phone Number
_____ City, State, Zip		_____ Work Number

TELEPHONE/VERBAL CONSENT TO TREATMENT OF A MINOR

I, _____, an employee of Kansas City Bone & Joint Clinic, have obtained verbal
(Name)

Permission from _____, for examination & treatment of
(Name, Relationship)

_____, a minor, prior to any medical services being performed.
(Patient's Name)

Date of verbal consent: _____