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### Minor Consent

Required if the patient is under the age of 18

I, \_\_\_\_\_ am the parent and/or legal guardian of  
Parent/ Legal Guardian Name

\_\_\_\_\_ and hereby give my consent to Star Foot & Ankle  
Patient Name

Specialists, to give medical treatment as deemed necessary by the physician.

\_\_\_\_\_  
Patient Name Printed

\_\_\_\_\_  
Patient Date of Birth

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date

\*\*\* (A parent or guardian is required to be present at the patient's appointments.)