

Michigan Surgery Specialists, P.C.
Greater Michigan Orthopaedics & Sports Medicine

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PARENT PERMISSION AND MEDICAL CONSENT FORM

Patient Name: _____

Birth Date: _____ School: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Legal Guardian: _____ Phone: _____

Other Emergency Contact: _____ Phone: _____

Family Doctor: _____ Phone: _____

Known Medical Conditions: _____

Medications _____ Allergies _____

Parental Consent: (I) (We), the undersigned, parent(s) of _____, a minor,
do hereby consent to said Minor participating in PreParticipation Physical Evaluation conducted
by Michigan Surgery Specialists, P.C.

Parent Signature: _____ Date: _____