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## Consent for Treatment of a Minor

I/We \_\_\_\_\_ do hereby state that I am/we are the parent(s) or the guardian(s) of \_\_\_\_\_, a minor.

I/We authorize **uTOEPIA Foot and Ankle**, to be provided with any medical/financial information, consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care, to be rendered to the above-named minor child under the general or special supervision and on the advice of any physician/provider or surgeon licensed to practice medicine in the State of Tennessee.

This consent is valid from \_\_\_\_\_ to \_\_\_\_\_, not to exceed one year from the date of request.

This consent must be renewed yearly.

\_\_\_\_\_  
**Name of Parent or Legal Guardian**

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

**DATE** \_\_\_\_\_