



Uribe, Hechtman, Zvijac, San Giovanni, Yagnik
1150 Campo Sano Ave., Suite 200
Coral Gables, FL 33146

CONSENT FOR TREATMENT

I, _____ being the parent or legal guardian of _____, hereby give my consent to all medical and surgical procedures and treatment, including but not limited to surgery, medical treatment, radiological examination, anesthesia, laboratory procedures, inpatient or outpatient services and medications that may be performed, administered or rendered by or under the specific or general instructions of my or my child's physicians or surgeons during any hospitalization or outpatient visit that results from my child's participation in an athletic program sponsored by the Miami-Dade County Public Schools. In addition, I agree to abide by facility regulations designed to enhance the care and safety of patients, and I consent to the appropriate disposal of any specimen or other bodily materials removed during the course of my or my child's treatment.

Initials