



Minor Consent Form

To Whom It May Concern:

I give permission for my minor child, _____
To receive physical therapy treatment as prescribed by his/her physician. I
understand that all charges for services rendered are my responsibility as his/her
parent and/or legal guardian.

Please check/fill in one of the circles:

- I give permission for my child to schedule his/her own appointments if
needed
- I prefer to schedule all of my child's appointments myself

Signature of Parent/Legal Guardian

Date