

Physical Therapy Clinics, Inc.

CONSENT TO TREAT A MINOR

The undersigned hereby requests and authorizes Physical Therapy Clinics, Inc. to perform tests and render treatment to a minor child. As of the date below, the undersigned states to have the legal right to select and authorize healthcare services for the listed minor child. If applicable, under the terms of divorce, separation, or other legal authorization, the consent of a spouse, former spouse, or other parent is not required. If authority to select and authorize this care should be revoked or modified in any way, the undersigned does hereby agree to notify Physical Therapy Clinics, Inc. as soon as possible.

The minor child is authorized to schedule his/her own physical therapy appointments.

YES _____ NO _____

Name of Minor Child

Relationship to Minor Child

Signature of person authorized
to sign for minor

Print Name