



free body  
PHYSICAL THERAPY

## CONSENT TO TREAT MINOR

I, \_\_\_\_\_, give consent to Free Body Physical Therapy to perform rehabilitative treatment on my child, \_\_\_\_\_, as prescribed by his/her physician.

I also give permission for my child, \_\_\_\_\_, to be treated without a legal guardian present.

This policy will remain effective for the patient for the current plan of care and any future plans of care unless noted.

YES

NO

\_\_\_\_\_  
Signature of Parent/Legal Guardian (to minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian of patient printed name

\_\_\_\_\_  
Relationship to patient