

Consent to Treat Minors

Patient Name: _____

Date of Birth: _____

I, _____, parent or legal guardian of _____
do hereby consent to any physical therapy evaluation and treatment as necessary for the
welfare of my child while said child is under the care of Potena Physical Therapy.

This authorization is effective from _____ to _____.

Parent/Guardian Name: _____

Patient/Guardian Signature: _____

Date: _____

Staff Name: _____

Staff Signature: _____

Date: _____

Verbal Consent Received from _____, on _____.

Consent received via (please circle one) Phone Email

Reason parent/guardian was unable to attend appointment with minor: _____

Staff Name: _____

Staff Signature: _____

Date: _____

Please list any precautions or other pertinent information that we should be aware of:

