



**PHYSICAL  
THERAPY  
SPECIALISTS**  
— EST. 1994 —

## MINOR CONSENT

Please review this form in its entirety.

I, \_\_\_\_\_ am presenting my  **SON**  **DAUGHTER**  
*Name of Parent or Legal Guardian*

\_\_\_\_\_ for evaluation and treatment at Physical Therapy Specialists.  
*Name of Minor Child*

I hereby voluntarily consent to the rendering of such care, including diagnostic procedures and medical treatment, by authorized members of the clinic staff or their designees, as their professional judgement finds necessary. I understand that no guarantees have been made to me as to the effect of such evaluations or treatment of my child's condition. By signing below, I am acknowledging that I have read and understand this form in its entirety.

I give my consent to: \_\_\_\_\_  
Physical Therapy Specialists, Inc.

to evaluate and treat my child: \_\_\_\_\_  
*Name of Minor Child*

I, the parent or legal guardian,  **DO CONSENT**  **DO NOT CONSENT** to the treatment of my child in my absence at Physical Therapy Specialists. I understand that if I select "Do Not" above, I am required to be present for the entirety of each appointment with my child. This consent form will be valid for the calendar year in which it is signed.

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*                      \_\_\_\_\_  
*Relationship*                      \_\_\_\_\_  
*Today's Date*

In case of emergency, I can be reached at: \_\_\_\_\_  
*Phone Number*

If I cannot be reached, an alternate emergency contact is:

\_\_\_\_\_  
*Name of Contact*                      \_\_\_\_\_  
*Relationship*                      \_\_\_\_\_  
*Phone Number*

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_