



Consent to Treat Minor

I hereby give my consent to treat the minor child/children listed below, which is/are under the legal age of eighteen years of age, to receive physical therapy treatment from the providers of Paramount Physical Therapy. Any care deemed medically necessary may be provided with or without my presence:

Child: _____ Date of birth _____

Child: _____ Date of birth _____

Child: _____ Date of birth _____

I certify that I fully understand the above statements and consent fully and voluntarily to its contents.

Signature of Patient or Legal Guardian

Date

Printed Name of Patient or Legal Guardian

Relationship to Patient