

Legal Guardian Consent to Physical Therapy Evaluation/Treatment for a minor

I _____ give consent for _____
to receive Physical Therapy Evaluation and/or Treatment supervised by a licensed physical therapist at Form and Fitness Physical Therapy. It is understood that by signing this I am giving consent for my child to be evaluated and treated in my presence or in the event of my absence. Professional discretion will be used by the therapist during evaluation and in the formulation of the treatment plan.

Date _____

Guardian _____ (please print)

Guardian _____ (signature)