



PARENT CONSENT TO TREAT A MINOR FORM

Being the parent or legal guardian of _____ (minor's printed name), I

_____ (parent/guardian's printed name) hereby

authorize MCH Physical Therapy to perform a Physical Therapy evaluation and treatment of my minor.

Further, as parent or legal guardian, I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child.

Minor's date of birth: _____

Parent/Guardian Signature: _____ Date: _____