

Body One Physical Therapy Minor Patient Treatment Consent Form



“I, _____, hereby give my permission as parent/guardian for the minor child, _____, to receive treatment from Body One Physical Therapy.”

“In consideration of my minor child’s participation in Physical Therapy services with Body One Physical Therapy, I, _____, hereby release Body One Physical Therapy (its employees and owners), from any claims, demands, and causes of action arising from my minor child’s participation in the Physical Therapy program. “

“I, _____, hereby release Body One Physical Therapy from liability now or in the future during the treatment of my minor child, _____.”

“I understand that, in my absence, my minor child will make decisions regarding Physical Therapy services and I will be responsible for all charges associated with those services.”

“I hereby affirm that I have read and fully understand the above.”

Signature of Parent/Guardian: _____ Date: _____