PARENT CONSENT TO TREAT A MI NOR 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: