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Chris Amundson, DPT

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Consent to Treatment of Child/Minor by Parent/Legal Guardian

Minor Full Legal Name ("Minor"): _____

Minor Home Address: _____

Minor Date of Birth: _____ Gender: Female _____ Male _____

I _____ (name of parent/legal guardian), do hereby state that I have legal custody of the aforementioned Minor and the authority to authorize and consent for Premier Physical Therapy & Sports Performance to perform an Initial Evaluation and any and all subsequent appointments/treatments with or without a parent/guardian present.

Further, as parent or legal guardian of Minor, I hereby agree to hold Premier Physical Therapy & Sports Performance and any of its employees or agents, free and harmless from any complaints, suits for damages or complications which may result from such treatment.

PLEASE NOTE: PPT strongly encourages parent or legal guardian participation in the Initial Evaluation Appointment and all subsequent appointments. In the initial evaluation, the PT will establish the plan of care and review, in detail, the necessary treatment components of the plan of care, including the frequency and duration of visits. It is important for both the Minor and the patient's parent(s)/guardian(s) to understand the treatment being provided. I understand the above noted description of the Initial Evaluation Appointment and subsequent appointments and recognize the importance of attending all appointments with my minor child. If I am unable to attend, I will accept responsibility to contact the evaluating physical therapist directly with any questions or concerns related to the evaluation or specified treatment.

Printed name of parent or legal guardian: _____

Signature of parent or legal guardian: _____

Date _____

Phone number of parent or legal guardian: _____

Email address of parent or legal guardian: _____

Witness Signature: _____ Date: _____

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