



PHYSICAL THERAPY

Parental Consent for Medical Treatment

Child's Name

Social Security # (child)

Date of Birth (child)

**** Parent/Guardian's Information ****

Name

Social Security #

Date of Birth

Street Address

City, State, Zip Code

Home Phone#

Work Phone#

This consent serves as permission for treatment by Mountain River Physical Therapy. I agree to pay for all services provided to my child.

Signatures:

Parent/Guardian

Date

Witness

Date