

Consent for Treatment of a Minor

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

To Whom It May Concern:

Due to circumstances beyond my control, I am unable to be on site for each treatment being administered to my child, therefore I am giving permission to Texoma Rehabilitation and Sports Medicine Clinic-Pat Deligans, PT, MEd., to treat my minor child in accordance with the physical therapy program as prescribed by the attending physician in my absence.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Witness