

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