

Authorization and Consent to Treat a Minor

Date: ___ / ___ / ___

Patient Name: _____

Patient Birthdate: ___ / ___ / ___

The undersigned does hereby authorize PRO Sports Physical Therapy of Westchester consent to exam and treat the above mentioned minor by employees of PRO Sports Physical Therapy of Westchester without a Parent or Guardian present.

Father or Guardian _____ (signature)

Mother or Guardian _____ (signature)

Witness _____ (signature)

Important Medical Information (Allergies, Medications, etc.):
