



MINOR PATIENT WAIVER

BY MY SIGNATURE BELOW, I, THE PARENT OR LEGAL GUARDIAN GIVE PERMISSION FOR _____

A MINOR, TO ATTEND AND RECEIVE THERAPY TREATMENTS AT AFFILIATED PHYSICAL THERAPY WITHOUT A PARENT OR LEGAL GUARDIAN IN ATTENDANCE. HOWEVER, YOU MUST BE PRESENT FOR ALL EVALUATIONS AND TREATMENTS ON THE PATIENT THAT INVOLVE THE ANTERIOR CHEST ON FEMALES AND THE PELVIS ON ALL MINORS.

BY MY SIGNATURE, I ALSO RELEASE AFFILIATED PHYSICAL THERAPY FROM THE RESPONSIBILITY OF SUPERVISING MY CHILD IN THE PUBLIC AREAS OF THE BUILDING.

NAME (PRINT): _____

SIGNATURE: _____ DATE: _____