



Authorization and Consent to Treat a Minor

Date: __/__/____

Patient Name: _____

DOB: __/__/____

The undersigned does hereby authorize the staff of **Lightsey Physical Therapy** consent to examine and treat the above mentioned minor without a parent or guardian present. This consent is ongoing until revoked by the guardian or clinic staff.

Parent or Guardian Signature: _____

Parent or Guardian Printed Name: _____

In case of emergency – I can be reached at: _____

Witness: _____

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