

Adult Consent for an unattended Minor Patient

I _____, hereby authorize Hamilton Physical Therapy & Sports Rehabilitation Center, PC and/or it's Individual Therapist and assistants to evaluate, and administer physical therapy treatments to _____ . This authorization is in effect as of this _____ Day of _____, 20____. This authorization shall remain valid until written notice is given by me revoking said authorization. I understand that I am financially responsible for all services rendered to the above patient whether I am present at the time of treatment or not.

Parent/ Guardian

Relationship

Date

Witness for Hamilton PT

Date