



Permission to Treat Minor Patient
(Without Parent/Legal Guardian Present)

Greenwood Physical Therapy must receive permission, from a child's parent or legal guardian, prior to providing physical therapy treatment. This form provides the legal permission to treat a minor without any adult present.

Patient's Name: _____
Patients D.O.B. _____ Today's Date: _____

Authorization to treat your minor child in case you are unable to accompany your child to one of his or her visits:

I, (print your name) _____ grant
Greenwood physical therapy permission to assess and treat the aforementioned minor without an adult present. I also agree to be financially responsible for payment of all charges in connection with the care and treatment rendered.

As your child's treatment progresses the treatment plan may change. Please check in with the physical therapist(s) on a weekly basis so they can discuss your child's treatment and how often they should attend physical therapy sessions.

NOTE: A parent/legal guardian MUST be present for a minor patient's first visit with Greenwood Physical Therapy.

- This visit only (date of appointment)
- Until otherwise revoked

Please note: Co-payments (if applicable) will be collected at each visit

Authorized by: _____ Date: _____
Parent or legal guardian

Emergency Contact Phone #1: _____
Emergency Contact Phone #2: _____

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