



## Consent to Treat Minors

Daulton Physical Therapy requires that any patient under the age of 18 must be accompanied by a parent or legal guardian during any treatment session. In the event that a parent or legal guardian is not able to accompany a minor to their appointment, the parent or legal guardian must sign this **Consent to Treat Minors** form to be kept on file at Daulton Physical Therapy. The parent or legal guardian must also provide a copy of a photo ID (driver's license, work ID, etc.) to be kept with this signed form.

If, at the time of the patient's first visit, we do not have written consent, we will attempt to contact the parent or legal guardian via phone for verbal consent. If we are unable to contact the parent or guardian, we will not be able to initiate treatment.

Name of Patient/Minor: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Address of Guardian: \_\_\_\_\_

Telephone number to be reached at: \_\_\_\_\_

I hereby give Daulton Physical Therapy authorization to provide medical treatment to my child listed above and agree to abide by the terms, conditions, and financial obligations of the services provided to my child.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian