



Consent for Treatment of Minor

Patient Name: _____ Date: _____

I, _____, (Parent/legal guardian name) hereby authorize the Evaluation and Treatment of the above named minor by the physical therapists at Mondo Sports Therapy to provide routine Physical Therapy treatment for the above patient.

Routine care does not include invasive procedure or other treatments which are unusual or carry a significant risk to the patient.

This consent form can only be revoked by written notification by the parent/guardian.

Parent/Guardian Signature

Date