

**Parental Consent to Attend Physical Therapy**

I hereby give consent for \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Name of minor patient) (Date of Birth of minor patient)

to participate in Physical Therapy when I am not present.

Home Address: \_\_\_\_\_ Apt/Unit/Bldg# \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Hm(\_\_\_\_) \_\_\_\_\_ Wk(\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_) \_\_\_\_\_.

In the event of illness of injury during a therapy session, when neither parent can be reached, I authorize DeVinney Czarnecki Physical Therapy, P.C. personnel to take such action and give such treatment as they deem advisable for my child's comfort and wellbeing.

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

And Printed Name \_\_\_\_\_

Telephone: Hm(\_\_\_\_) \_\_\_\_\_ Wk(\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_) \_\_\_\_\_.

Witnessed by \_\_\_\_\_ Date: \_\_\_\_\_