Back On Track
Physical Therapy

1180 Beacon Street 6C
Brookline, Massachusetts 02446
www.BackOnTrackPT.com

CONSENT FOR MINOR TREATMENT

I, _____ hereby authorize treatment of my
(Parent or Legal Guardian – please print)

son/daughter, _____, who is a minor. This
(print Minor's Name)

treatment is on the form of examinations, evaluations, manipulation and other accepted forms of physical medicine deemed necessary to completely resolve the injury/injuries for which my child is being treated.

_____ _____
Signature of Parent or Legal Guardian Date

Responsible Party

Name: _____

Address: _____

City: _____State: _____ Zip: _____

Phone Number : _____