



PARENTAL CONSENT FOR PHYSICAL THERAPY

I, _____, hereby give permission (and until further notice) to NEXT LEVEL PHYSICAL THERAPY AND ATHLETIC PERFORMANCE, to provide my minor child/person, _____, under my guardianship with receiving and participating in Physical Therapy and/or Wellness Services as deemed appropriate. I understand that I am financially responsible for the minor and that all statements contained in this consent apply equally to myself and to the minor. I consent to my minor child receiving and participating in Physical Therapy and/or Wellness Services in accordance with the facility operating policies in my absence under the following conditions:

- In the presence of another family member (spouse, grandparent, etc.) (Designate below.)
- In the presence of someone other than a family member (friend, boy/girlfriend, etc.) (Designate below.)
- When my child is unaccompanied
- Other: _____

An adult 18 or older that I designate below, will attend with my minor child/person:

Name: _____ Relationship to minor: _____

Name: _____ Relationship to minor: _____

Name: _____ Relationship to minor: _____

Name: _____ Relationship to minor: _____

I certify that I have read and understand all the terms of this consent and agree to continue to abide by all of the terms of this consent.

Print name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Phone number: _____

Date: _____