

Authorization for consent to medical treatment for minors

I _____, the parent or legal guardian of
minor, _____, hereby authorize and consent to medical treatment for my
child at ONS Physical Therapy.

This authorization will be in effect until revoked in writing by me.

Signature of parent/legal guardian

Date

In the event of my absence, I grant permission to the person designated below to pick up/drop
off my child:

Name of designated guardian