



BARROWS

TRAINING AND EDUCATION
PHYSICAL THERAPY

Where excellence and experience make a difference in your care.

CONSENT TO TREAT A MINOR

I, _____, do hereby authorize and consent for
Name of Parent or Guardian

Barrows Physical Therapy to treat _____,
Name of child Age

I request Barrows Physical Therapy to administer such treatment deemed advisable, necessary, and requested on behalf of above minor.

Signature of Parent or Guardian

Date