



Nephew Physical Therapy
12723 N. Bellwood Dr. Suite 10 Holland, MI 49424

CONSENT TO TREAT A MINOR
Please read and sign below if applicable



I, _____, hereby authorize the licensed physical therapist(s) at Nephew Physical Therapy, and any assistants that they may designate, to administer Physical Therapy care as deemed necessary to my (indicate your relationship to child) _____, (name of child) _____.

PARENT OR LEGAL GUARDIAN' S AUTHORIZATION

GUARDIAN'S SIGNATURE: _____ DATE: _____