



Consent for Treatment of Minor Patient

OSI Physical Therapy requires that a parent or legal guardian accompany any minor children (under 18 years of age) to their medical appointments. In the event that a parent or legal guardian is unable to accompany a minor child to a medical appointment, the parent or legal guardian must sign this Consent for Treatment of Minors to be kept on file at OSI Physical Therapy and must also send a copy of a parent's photo ID (preferably a driver's license, however could be a utility bill showing proof of patient's home address). If we do not have written consent to treat at the time of the patient's first visit, we will attempt to call for verbal consent. If we are unable to reach a parent or guardian, we will not be able to initiate treatment.

Name of child: _____

Name of parent or legal guardian: _____

Address of parent or legal guardian: _____

Telephone number of parent or legal guardian: _____

I give OSI Physical Therapy permission to treat my child listed above and agree to reimburse OSI Physical Therapy for the cost of rendering services to my child.

_____ Indicate relationship to patient: _____
Date Signature of Parent/Legal Guardian of Minor

REQUIRED SIGNATURE (UPDATE ANNUALLY)