



 A MEMBER PRACTICE OF THERAPY PARTNERS

Consent for Treatment of Minor Patient / Verbal Consent for Minors

Crossover 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 Crossover 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: _____ DOB _____

Name of parent or legal guardian: _____ DOB _____

Address of parent or legal guardian: _____

Telephone number of parent or legal guardian: _____

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

Date	Parent/Legal Guardian Signature	Relationship to patient
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REQUIRED SIGNATURE

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If a minor comes in for their first appointment without a parent or legal guardian verbal consent is REQUIRED prior to treatment. If you are unable to get a verbal consent the minor CAN NOT be treated. Please complete this form.

Date _____ Staff _____

Patient Name: _____ DOB _____

Name of Consenting Parent/Legal Guardian _____ Phone _____

- ___ Verbal consent given
- ___ Paperwork sent home with minor
- ___ Unable to reach parent/Guardian **DO NOT TREAT**