



Parental Consent - Parmenter Physical Therapy

PATIENT (MINOR) INFO

Name _____

DOB ____/____/____

PARENT/GUARDIAN INFO

Name _____

Relationship to Patient _____

Phone _____

I, _____, am a legal guardian for the patient listed above and I grant permission to Parmenter Physical Therapy to treat him/her in their facility without a parent/guardian being present.

Signature X _____

Name Printed _____

Date ____/____/____