

LAKE RIDGE PHYSICAL THERAPY, LLC

Lake Ridge clinic
Tel 703-730-6969

Fusion clinic
Tel 571-659-2612

PERMISSION TO TREAT MINOR WITHOUT PARENT/LEGAL GUARDIAN PRESENT

Lake Ridge Physical Therapy, LLC (dba Fusion Physical Therapy) must receive permission, from a child's parent or legal guardian, prior to providing treatment(s). This form provides legal permission to (depending on the minor's age) either treat without any adult present (Section A) or with a designated adult present (Section B).

Patient: _____ DOB: _____ Date: _____

Section A: (*ONLY for child at least 16, but not 18 years old*)

Authorization to treat your minor child in case you or your designated representative are unable to accompany your child to one of his/her visits: I, (print parent/legal guardian name) _____ grant Lake Ridge Physical Therapy, LLC (dba Fusion Physical Therapy) permission to assess and treat the aforementioned minor without an adult present. I also agree to be financially responsible for payment of all charges in connection with the care and treatment rendered.

Section B: (*for child under 18 years old*)

Delegation of authority for medical treatment of a minor child to the designated representative indicated below: I, (print parent/legal guardian name) _____ grant Lake Ridge Physical Therapy, LLC (dba Fusion Physical Therapy) to assess and treat the aforementioned minor in the presence of either of the following adults (you may choose more than one), who is authorized to approve treatment:

Name: _____ Relation to minor _____

Name: _____ Relation to minor _____

I also agree to be financially responsible for payment of all charges in connection with the care and treatment rendered.

This consent shall be in effect for (*choose only one*):

- Specify date / length of time: _____
- Indefinitely, until revoked by written communication _____ (Initial)

Please Note:

A parent / legal guardian MUST be present for a minor patient's first visit with Lake Ridge Physical Therapy (dba Fusion Physical Therapy).

Co-pay amounts (*if applicable*) must be presented at each visit.

I have read, understand, and give my consent as stipulated above. My signature means that I have read this form and/or have had it read to me and explained in a language that I can understand.

Parent or Legal Guardian (please print) Relationship

Parent or Legal Guardian Signature Date