



Consent to Treat a Minor / Verbal Consent for Minors

Thrive 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 Thrive 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: _____

Phone number of parent or legal guardian: _____

Address of parent or legal guardian: _____

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

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

REQUIRED SIGNATURE (UPDATE ANNUALLY)

If a minor comes in for their first appointment without a parent or legal guardian we need to get verbal consent prior to treating the minor. If you are unable to get a verbal consent the minor **can not** be treated.

Date: _____ **Thrive Physical Therapy Staff:** _____

Patient Name: _____

Phone number of parent / legal guardian: _____

Name of parent / legal guardian giving consent: _____

- Verbal consent given
- Paperwork sent home with minor
- Unable to reach parent / guardian **DO NOT TREAT**
- Parent / guardian would not give consent **DO NOT TREAT**