

# PERMISSION TO TREAT A MINOR

I (parent/legal guardian) grant permission and authorize the administration of all diagnostic and therapeutic treatments that may be considered advisable and necessary in the judgement of Physical Therapist Dr. Nathan Taylor, License #PT017536

This form is valid for one year from the date which it is signed.

\_\_\_\_\_  
Minor's Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's Printed Name