

CONSENT FOR TREATMENT OF A MINOR CHILD

I hereby authorize Donna Mathisen Barcomb, MS, PT and whomever she may designate as her assistants to administer Physical Therapy as she deems necessary to my _____ . (Indicate relationship to child)

Child's Name _____

Dated at _____, _____
(City) (State)

this _____ day of _____, 2009

Signed _____
(Parent or Guardian)

Witnessed _____