



Consent to Treat a Minor / Verbal Consent for Minors

Dadez 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 Dadez Physical Therapy. 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 legal 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 Dadez Physical Therapy permission to treat my child listed above and agree to reimburse Dadez Physical Therapy for the cost of rendering services to my child.

Date Signature of Parent or Legal Guardian of Minor Relationship to Patient

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. Please complete this form.

Date: _____ **Dadez Staff:** _____

Patient Name: _____

Telephone 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**