



Melissa Barrett

PHYSICAL THERAPY & YOGA

Consent to Treatment of a Minor

I, _____, do hereby state that I am the parent or legal guardian
Name of Parent or Legal Guardian

of _____ a minor, age _____, date of birth _____
Name of minor

who resides with me at _____
Street, town, city and zip code

I, _____, consent to the evaluation and physical therapy
Name of Parent or Legal Guardian

treatment of the above-named minor by Margaret Frisella-Haller, MSPT, P.C. I have been informed of, and consent to, the treatment of the above-named minor by a temporary licensed physical therapist when Margaret Frisella-Haller, MSPT is unable to do so because of illness or vacation time.

Signed: _____

Relationship to Patient: _____

Date: _____