



## CONSENT TO TREAT A MINOR

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**TREATMENT OF A MINOR:** By my signature below, I agree and give consent as either parent or legal guardian for my minor child, who is under the age of 18 (“Minor”), to receive outpatient rehabilitation therapy services through Carlson Procure and as such grant consent for a Minor to receive rehabilitative treatment as considered necessary and proper by the treating therapist(s) in treating a Minor’s physical condition. No guarantees have been made regarding the projected outcome of care. I understand that as the parent or legal guardian, I have the opportunity to ask questions about the Minor’s care and treatment. I further understand that as the parent or legal guardian of a Minor, I must accompany the Minor to his/her Initial Evaluation. I further understand that as the parent or legal guardian of a Minor under the age of 12, I must be physically present during all care or treatment rendered to the Minor. As a parent or legal guardian, I am not required to attend follow up treatment sessions if the Minor is 12 years or older, provided that this “Consent to Treat a Minor” document has been completed.

\_\_\_\_\_  
**Signature of Parent/Guardian/Responsible Party** **Date**

\_\_\_\_\_  
**Print Name of Parent/Guardian/Responsible Party** **Date**

\_\_\_\_\_  
**Relationship to Minor**

**\*\*\*\*THIS FORM MUST BE SCANNED INTO THE PATIENT’S CHART\*\*\*\***