

Maribeth Crupi Physical Therapy LLC  
314 Main Street Unit 101  
Wilmington, MA 01887

## Consent For Treatment of Minor Patients

In the event that a parent or legal guardian is unable to accompany a minor patient for treatment, the following consent for treatment at Maribeth Crupi Physical Therapy LLC is to be signed and presented by the patient at or before their first unaccompanied visit. This consent is valid for the complete course of treatments for the injury(ies)/condition(s) for which it was enacted.

I, \_\_\_\_\_ hereby authorize treatment of

(Parent or legal Guardian – please print)

\_\_\_\_\_, who is a minor,

(son/daughter/legally guarded – please print)

For: \_\_\_\_\_.

(Injury or Condition – please print)

Treatment may include examinations, evaluations, joint mobilization or manipulation and other forms of physical modalities considered necessary to heal or alleviate the injury(ies) or condition(s) for which the named minor is being treated.

**Please be sure your minor is prepared to make any copays or other necessary payments at the time of their visit.**

\_\_\_\_\_  
(Signature of parent or legal guardian)

\_\_\_\_\_  
(Date)