Adult Consent for an unattended Minor Patient

I _____, hereby authorize Corvallis Physical Therapy and/or it's Individual Therapist and assistants to evaluate, and administer physical therapy treatments to _____.
This authorization is in effect as of this _____ Day of _____, 20____.
This authorization shall remain valid until written notice is given by me revoking said authorization. I understand that I am financially responsible for all services rendered to the above patient whether I am present at the time of treatment or not.

_____ _____ _____
Parent/ Guardian **Relationship** **Date**

_____ _____
Witness for Corvallis PT **Date**