Adult Consent for an Unattended Minor Patient

I _____, hereby authorize Stevensville 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 Stevensville PT	**Date**