## Adult Consent for an Unattended Minor Patient

**I _____, hereby authorize Physical Therapy Specialists of Florence 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**