



6701 Sunset Drive Suite 103 South Miami, Florida 33143
Tel: 305-667-1918 Fax: 786-534-5730

CONSENT FOR TREATMENT OF A MINOR

I, _____ mother/father of _____, here by
give my consent for my son/daughter to receive Physical Therapy treatment at Elite Physical Therapy.

Parent's Name

Witness Name

Parent's Signature

Witness Signature

Date