



Parental Consent

Name: _____ for _____
(Parent/Legal Guardian) (Child's name)

I hereby consent to the rendering of care, including diagnostic procedures and treatment, by the staff of Mosher Physical Therapy & Sports Medicine, PC or their designees, as could in their professional judgment be necessary.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my child's condition.

I have read this form and certify that I understand its contents.

I hereby give my consent to Mosher Physical Therapy & Sports Medicine, PC, to treat my child as prescribed by our physician.

Please list the responsible party for the patient's bill:

Name of responsible party

Address of responsible party

Employer of responsible party

Home phone number

Work phone number

Signature: _____ Date: _____
(Parent/Legal Guardian)

We put healing in motion.