



**BARROWS**

TRAINING AND EDUCATION  
PHYSICAL THERAPY

Where excellence and experience make a difference in your care.

**CONSENT TO TREAT A MINOR**

I, \_\_\_\_\_, do hereby authorize and consent for  
Name of Parent or Guardian

Barrows Physical Therapy to treat \_\_\_\_\_,  
Name of child / Age

I request Barrows Physical Therapy to administer such treatment deemed advisable, necessary, and requested on behalf of above minor.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date