



CONSENT TO TREAT MINOR CHILDREN

Please print all information

I, _____, parent or legal guardian of _____, born _____ day of _____, do hereby consent to any conservative medical care as determined by a licensed physical therapist to be necessary for the welfare of my child while said child is at Artistic Sports Academy Plus under the care of Cardin & Miller Physical Therapy, PC, and I am not reasonably available by telephone to give consent.

This authorization is effective from _____ to _____.

Signature of Parent or Legal Guardian Name of parent/guardian (please print)

Witness Signature Name of Witness (please print)

Family address _____

Telephone: Father: _____ (Home) _____ (Cell)

Mother: _____ (Home) _____ (Cell)

Other emergency contact (name and phone): _____

Allergies to drugs or foods:

Special Medications, or Pertinent Information:

Child's Physician _____ Phone _____

Insurance _____ Policy # _____

Preferred Hospital _____