

# A.C.I.C. Physical Therapy

## Minor Patient Waiver

I have read and understand the last item of the 'Consent to Treatment & Therapeutic Procedures' form.

By my signature below, I give permission for my child,  
\_\_\_\_\_ to attend and receive physical therapy treatment at  
A.C.I.C. Physical Therapy without a parent or guardian in attendance.

By my signature below, I also release A.C.I.C Physical Therapy from the  
responsibility of supervising my child in the public areas of the building.

All treatment procedures and financial responsibilities have been explained to  
me. I understand that I can review the daily charges upon request should I so  
desire, and that I am responsible for the charges indicated.

Name: \_\_\_\_\_

Relation to Patient: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_