



Dedham Health Physical Therapy (DRAC PT Inc.)
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CONSENT FOR MINOR TREATMENT

I, _____ hereby authorize treatment of my
(Parent or Legal Guardian – please print)

son/daughter, _____, who is a minor. This treatment is
(print Minor's Name)

on the form of examinations, evaluations, manipulation and other accepted forms of physical medicine
deemed necessary to completely resolve the injury/injuries for which my child is being treated.

Signature of Parent or Legal Guardian

Date

Responsible Party:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____