SPOONER PHYSICAL THERAPY

TREATMENT AUTHORIZATION

I, _____ hereby authorize _____
Please print name of parent/legal guardian Please print name of person you authorize

_____ to bring _____, _____
Please print relationship to child Print child's name Date of Birth

For medical care provided by Spooner Physical Therapy.

This consent includes the authorization for treatment of physical therapy, hand therapy and/or occupational therapy.

_____ _____ _____
Signature of Parent or Guardian Social Security Number Date

THIS AUTHORIZATION CAN BE REVOKED (IN WRITING) AT ANY TIME. PERIODIC UPDATES MAY BE REQUIRED.

Update: _____ Parent/Guardian Initials: _____ SPT Initials: _____

Update: _____ Parent/Guardian Initials: _____ SPT Initials: _____

Parent/Guardian Signed in Office ( )

Signature verified with Driver Lic. ( ): State ID ( ): Green Card ( ): Employee ID: ( )

Other: _____ SPT Rep. Initials: _____