Consent for Treatment of Minors

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| SPU Therapy requires that a parent or legal guardian accompany any minor children (under 18 years of age) to their medical appointments, especially for the initial visit. In the event that a parent or legal guardian is unable to accompany a minor child to a medical appointment, the parent or legal guardian must sign this Consent for Treatment of Minors to be kept on file at SPU Therapy.  In the event that SPU Therapy does not have written consent to treat at the time of the minor patient’s first visit, we will attempt to call for verbal consent. Should we be unable to contact a parent or guardian, we will not initiate treatment.  Name of Minor:  ***Parent or Legal Guardian Information:***  First name MI. Last name  Relationship to minor  Address  City/Town State Zip Code  Phone Home Cell Work  ***I give SPU Therapy permission to treat my child named above and agree to reimburse SPU Therapy for the cost of rendering services to my child.*** |
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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_