



Juneau
Physical
Therapy

JUNEAU PHYSICAL THERAPY

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Minor Consent Form

I hereby state that I am the Parent/Legal Guardian of _____ .
I give Juneau Physical Therapy permission to treat my son/daughter without my presence for both in clinic sessions and any sessions done virtually.

I understand that I am fully responsible for any bills incurred at Juneau Physical Therapy and agree to pay any balance due for the above stated individual.

Signature

Date