

Ando & Aston Physical Therapy

Minor Patient Waiver

By my signature below, I as the parent or legal guardian give permission for _____, a minor, to attend and receive physical therapy treatments at Ando & Aston Physical Therapy without a parent or legal guardian in attendance. However, I understand that I must be present for the initial evaluation, and any treatments that include the anterior chest on females, and pelvis on all minors.

By my signature below, I also release Ando & Aston from the responsibility of supervising my child in the public areas of the building complex.

All financial responsibilities have been explained to me. I give my permission for my minor child to sign the Daily Charge Ticket which verifies they received the services invoiced on that day. I understand that I can review the Daily Charge Ticket upon request, and that I am responsible for the charges indicated.

Name (Print): _____

Signature: _____ Date: _____

Witness: _____ Date: _____