

In Motion Physical Therapy
Parental Consent Form

Patient Name: _____ Date: _____

I am aware my child is receiving physical therapy at In Motion Physical Therapy. Please accept this form as my consent to treat my child.

I am aware I am responsible to provide you with the correct insurance information needed to process my child's bills. If I fail to do so, or provide false or out of date information, I will be held financially responsible.

Parent/Guardians Signature: _____

Print Name of Parent/Guardian: _____

Relationship To Child: _____