



## Consent for Treatment of Minors

PRO Therapy requires that a parent or legal guardian accompany any minor children (under 18 years of age) to their medical appointments. 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 PRO Therapy.

If we do not have written consent to treat at the time of the patient's first visit, we will attempt to call for verbal consent. If we are unable to reach a parent or guardian, we will not be able to initiate treatment.

Name of child: \_\_\_\_\_

Name of parent or legal guardian: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Telephone number of parent or legal guardian: \_\_\_\_\_

I give PRO Therapy permission to treat my child listed above and agree to reimburse PRO Therapy for the cost of rendering services to my child.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian