



Minor Release Form

I, _____
Name of Parent/Guardian

give permission for _____
Name of Patient

to receive physical therapy treatments at Somerset Hills Physical Therapy PC.

Date of Evaluation

My child's diagnosis, plan of care, and desired outcome will be reviewed with me by the treating physical therapist. I am aware that I may need to assist with my child's home exercise program to ensure that it is completed on a consistent basis.

Signature of Parent/Guardian Date