

Consent for Treatment of Minor(s) or other dependents

I _____ give my consent for Colleen M. Liaga, PT,
DPT, OCS to conduct physical therapy evaluations and treatments with
_____.

My relationship to the client (parent, uncle, etc.) is: _____

I have been notified that the holder of the privilege is (parent, guardian, etc.)

I was also notified that all material discussed during physical therapy sessions is confidential and can be released only with the permission of the holder of the privilege. I have been informed of the limitations of confidentiality in the Office Policies Form, which I have read and signed.

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Name (print)	Relationship	Signature	Date
