



Minor Patient Waiver

By my signature below, I, as the parent or legal guardian give permission for _____, a minor, to attend and receive treatment at Horst Physical Therapy without a parent or legal guardian in attendance. If a parent or guardian cannot be present, a second staff member will be required to be in the room during treatment.

By my signature below, I also release Horst Physical Therapy from the responsibility of supervising my child in the public areas of the building complex.

Name (Print): _____

Signature: _____ Date: _____