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## Permission to Treat a Minor

Performance Rehab Associates must receive permission from a child's parent or legal guardian before providing treatment for an injury or illness that is non-life threatening. This form gives us legal permission to treat your child in case you cannot accompany him/her to the office for treatment.

**Please Note: A parent/legal guardian must attend a minor's first visit with a provider at Performance Rehab Associates.**

Patient's Name: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

[  ] Please initial here if you are authorizing the minor to seek and consent to treatment with no guardian present.

I acknowledge that I am responsible for all reasonable charges in connection with the care and treatment rendered.

Payments are made at time of service. Please send your child with a method of payment and their insurance card (if applicable) every visit. Please note that we can keep a credit card number on file.

**In case of an Emergency, I can be reached at:**

Address:	_____
Home Phone:	_____
Work Phone:	_____
Other Contact Phone Number:	_____

Name of Parent/Guardian (please print): \_\_\_\_\_

Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to patient (documentation may be requested): \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_