



Dr. John Cipriani, DC
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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 adult present.

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

Please send your child with their insurance card and a method of payment for every visit.

If your child is not covered under a medical insurance policy, please send them with a method of payment to cover the 'Student Point of Service Discount.'

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

| | |
|-----------------------------|--|
| Address: | |
| | |
| Home Phone: | |
| Work Phone: | |
| Other Contact Phone Number: | |

Signature Parent/Guardian: _____ Date: _____

Relationship to patient (documentation may be requested): _____

Witness Signature: _____ Date: _____