

**PARENT AUTHORIZATION FOR TREATMENT OF A  
MINOR WITHOUT PARENT PRESENT**

I, \_\_\_\_\_, hereby authorize the employees of  
Adirondack Physical Therapy & Sports Rehabilitation, PC to provide physical therapy  
services to \_\_\_\_\_ without my presence.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date