**CHILD CONSENT FORM**

My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is under the age of 18 years old, has my permission to be treated in Physical Therapy at Loudoun Sports Therapy Center without my presence during the evaluation and treatment sessions. In the event of an emergency or if I am needed for any reason, I can be reached at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Additionally, I understand that I am financially responsible for the charges that are incurred by my child at Loudoun Sports Therapy Center and will ensure that they are able to pay the copay / coinsurance at the time of each therapy visit.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Legal Guardian

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Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date