

**THERAPEUTIC SOLUTIONS PHYSICAL THERAPY**  
1757 Merrick Avenue, Suite 100  
North Merrick, N.Y. 11566  
Ph: (516) 623-4388 Fax: (516) 623-1948

**CONSENT TO TREAT A MINOR**

Date: \_\_\_\_\_

Name: THERAPEUTIC SOLUTIONS \_\_\_\_\_

Address: 1757 MERRICK AVENUE \_\_\_\_\_

City: NO. MERRICK State: NY Zip: 11566 \_\_\_\_\_

Phone: ( 516 ) 623 -4388 \_\_\_\_\_

I HEREBY AUTHORIZE:

The above named Physical Therapist or any Therapist associated with the above names practice, and whomever he/she/they may designate as assistants, to administer the required are as deemed necessary to my (indicate relationship of child) \_\_\_\_\_  
(Name of Child) \_\_\_\_\_

SIGNED: \_\_\_\_\_

Date

WITNESSED: \_\_\_\_\_

Date