



Blaire Zikratch DPT, ATC PT-2831
335 E Lewis St. Ste. 10 Pocatello, ID 83201
Phone 208-269-2360
Fax 208-550-3256
reception@streamlinesportspt.com

Consent to Treatment of a Minor Child

_____ (Printed Name of patient) _____ (DOB)

I, _____, hereby authorize the rendering provider to
(Printed full name of Parent/ Legal Guardian)

administer treatment and diagnostic procedures as he/she deems necessary for the above named patient.

Please initial if applicable

_____ I also authorize treatment of my teen child (16 years and older) without requiring the presence of an adult. However, if my teen comes alone, a parent/guardian must be available by phone for any necessary communication.

This authorization will remain in effect unless so designated in writing that such consent for treatment of minor is cancelled. I will notify Streamline Sports of any changes in the above information.

I have read all the information on this sheet and certify that the information I have provided here is true and correct to the best of my knowledge.

SIGNATURE **RELATIONSHIP TO MINOR** **DATE**