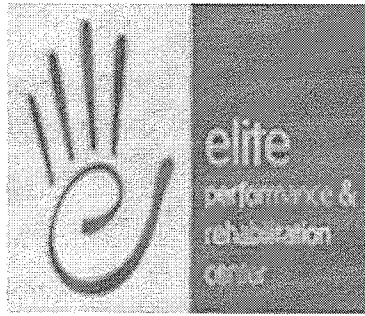




PARENT CONSENT TO TREAT A MINOR FOR PHYSICAL THERAPY

Being the parent or legal guardian of _____ (minor's printed name),
I, _____ (parent/guardian's printed name)
hereby authorize, Elite Performance & Rehabilitation Center, to perform Physical Therapy and
treatment of my minor child.

Further, as parent or legal guardian, I am responsible for the health care decisions and agree that
my insurance plan is the primary plan to pay for the physical therapy treatment that is given to my
minor child.

Minor's date of birth: _____

Parent/Guardian Signature: _____ Date: _____