



CONSENT TO TREAT MINORS

Minors Name: _____

I, the undersigned, attest that I am the custodial parents or legal guardian of the above-referenced minor ("the minor"), and hereby authorize Sifrit Sports Rehabilitation to administer treatment as if deems necessary to the minor. I further authorize the minor to complete and sign any documents at Sifrit Sports Rehabilitation which are customarily completed and signed by patients as a condition to treat.

Name of Parent/Legal Guardian: _____

Relationship to the minor: _____

Signature of Parent/Legal Guardian:: _____ Date: _____

Witness Signature: _____ Date: _____