

I, _____, hereby give permission (and until further notice) to PRAXIS Corporation dba BODYWORKS Health Fitness Rehabilitation, to provide my minor child/person, _____, under my guardianship with receiving and participating in Physical Therapy as deemed appropriate. I understand that I am financially responsible for the minor and that all statements contained in this consent apply equally to myself and to the minor. I consent to my minor child receiving and participating in Physical Therapy in accordance with the facility operating policies in my absence under the following conditions:

- _____ In the presence of another family member (spouse, grandparent, etc.) (Designate below.)
- _____ In the presence of someone other than a family member (friend, boy/girlfriend, etc.) (Designate below.)
- _____ When my child is unaccompanied
- _____ Other: _____

An adult 18 or older that I designate below, will attend with my minor child/person:

Name: _____	Relationship to minor: _____
Name: _____	Relationship to minor: _____
Name: _____	Relationship to minor: _____
Name: _____	Relationship to minor: _____

I certify that I have read and understand all the terms of this consent and agree to continue to abide by all of the terms of this consent.

Print name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Date: _____

BODYWORKS Staff Member/Date: _____