



**Consent to Treat Minor without Parent Presence**

In order for us to treat a minor without a parent/legal guardian present, please complete this form.

I, \_\_\_\_\_ (print name here) am the parent/legal guardian of \_\_\_\_\_ (print name of minor), currently a minor, whose date of birth is \_\_\_\_\_. I authorize Portera Rehabilitation to provide care to my son/ daughter as deemed appropriate by his/her physician.

By signing this, I acknowledge I have read and agree to this consent and that any questions I had prior to signing were answered by Portera Rehabilitation.

Signature of Parent/Legal Guardian:

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