



Minor Patient Waiver

By my signature below, I as the parent or legal guardian give permission for _____, a minor, to attend and receive therapy treatments at Portera Rehabilitation without a parent or legal guardian in attendance. I understand that Portera Rehabilitation strongly advises a parent or legal guardian to be present, at least, for evaluations and treatments that include the anterior chest on females, and pelvic area on all minors. By my signature below, I also release Portera Rehabilitation from the responsibility of supervising my child in the public area of the building complex.

Name (print) _____

Signature _____ Date _____

Witness _____ Date _____