



PHYSICAL THERAPY / WELLNESS / TENNIS

CONSENT FOR TREATMENT WITHOUT GUARDIAN PRESENT

By signing below, I acknowledge that I am the responsible guardian of the patient listed. I also acknowledge that Dr. Danrich Kruger, PT, DPT has exclusive permission to treat the patient, as the provider see medically necessary.

This release is in effect from below date until the conclusion of the patients plan of care.

Today's Date:

Patient Name:

Patient DOB:

Signature of Responsible Party:

Printed Name:

Relationship: Date:

