

**Primal Human Performance  
Consent for Physiotherapy Treatment  
(Minors Only: 16 and under)**

I, \_\_\_\_\_, being the parent/legal guardian of \_\_\_\_\_, grant permission for said minor in the evaluation and treatment of this minor by Primal Human Performance's Registered Physiotherapist(s).

My consent accompanies the required health history form for the minor. I understand that if I am not present, should a major medical or psychological problem arise, reasonable attempts will be made to notify me by telephone.

I am aware that as parent/legal guardian of said minor, that I am responsible for the cost of the minor's treatment.

**Contact Information:**

Name: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Other Phone #: \_\_\_\_\_

If other information would be helpful in contacting you, please indicate below:

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

Signature: \_\_\_\_\_