



BRIELLE ORTHOPEDICS, P.A.

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 Brielle Orthopedics without a parent or legal guardian in attendance. I understand that Brielle Orthopedics 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 Brielle Orthopedics from the responsibility of supervising my child in the public areas of the building complex.

Name (Print): _____

Signature: _____ Date: _____

Witness: _____ Date: _____

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### **Additional for infant or incontinent children:**

By my signature below, I, as the parent or legal guardian, give permission for the following individuals: \_\_\_\_\_

to change diapers for my child, \_\_\_\_\_, as needed during treatment sessions without a parent or legal guardian in attendance.

Name (Print): \_\_\_\_\_

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

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

