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: _______________

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: ________________