Pinnacle Kidz
Pediatric Physical Therapy

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Authorization for Non-Parent/Guardian to Accompany Patient

Please complete and sign the following written authorization letter in order to allow a non-parent/guardian to accompany your child(ren) to his/her/their physical therapy appointments and/or communicate with our office regarding his/her/their care. The authorized person will be asked to present photo identification at the time of service.

I, _____, give the person(s) listed below permission to:

____Bring my child(ren) to appointments at *Pinnacle Kidz Pediatric Physical Therapy.*

____Discuss and share information about my child(ren)regarding his/her/their physical therapy treatment, progress and goals at *Pinnacle Kidz Pediatric Physical Therapy*.

____ Communicate with *Pinnacle Kidz Pediatric Physical Therapy* in order to schedule or reschedule my child(ren)'s appointments.

Name of Authorized Person(s): _____

Relationship: _____

Phone number: _____

Parent/Guardian Name: _____ Date: _____

Signature: _____

Name(s) of Minor Child(ren): _____