

Nosek & Associates Physical Therapy, Inc. / Nosek Physical Therapy, Inc.

26941 Cabot Road, Suite 125

Laguna Hills, CA 92653

Authorization to Treat a Minor

Date: _____

I, _____, the parent/guardian of
_____, permit the health care professionals at
Nosek & Associates Physical Therapy, Inc. / Nosek Physical Therapy, Inc. to evaluate and
treat the above referred minor.

Signed: _____