



**PHYSICAL THERAPY  
CENTER OF EXCELLENCE**

**MINOR RELEASE**

I, \_\_\_\_\_ (Name of parent or guardian), give permission to the Physical Therapy Center of Excellence, LLC to evaluate and provide treatment to this minor, \_\_\_\_\_ (Name of child).

I understand that I am encouraged to communicate with the treating physical therapist to gain a full understanding of the diagnosis, goals, plan of care, and any home exercises provided. I will assist my child in implementing and consistently performing any prescribed home exercises.

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Date