



*Authorization to Treat a Minor*

*Date:* \_\_\_\_\_

I, \_\_\_\_\_, the parent / guardian of  
\_\_\_\_\_, a minor under the age of 18,  
permit the health care professionals at PRN – Torrance Physical  
Therapy to evaluate and treat the above referenced minor.

*Signed:* \_\_\_\_\_

*Relationship:* \_\_\_\_\_