

## CONSENT FOR PHYSICAL THERAPY TREATMENT

On behalf of my child, \_\_\_\_\_ hereinafter referred to as the "Client,"  
Client's name

I consent to care and/or treatment of the Client by therapists and other agents of Big Gym Therapy, LLC, which care and treatment falls within the scope of, without limitation, physical therapy practice as defined by the State of Georgia and the American Physical Therapy Association. I understand that the practice of medicine, including physical therapy, is NOT AN EXACT SCIENCE and that TREATMENT WILL INVOLVE PHYSICAL PARTICIPATION ON THE PART OF THE CLIENT WHICH MAY INVOLVE RISKS OF INJURY.

I acknowledge that no warranty or guarantee has been made to me regarding the result of evaluation or treatment.

I understand that the client's valuables and personal belongings are my sole responsibility and that Big Gym Therapy, LLC shall not be responsible or liable for and shall be held harmless from any loss, theft, misplacement, or damage thereto.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Relationship to Client \_\_\_\_\_

## AUTHORIZATION FOR COMMUNICATION WITH OTHER TREATMENT PROVIDERS

On behalf of my child, \_\_\_\_\_ hereinafter referred to as the "Client,"  
Client's name

I authorize and release Big Gym Therapy, LLC to communicate with other treatment providers (including, without limitation, physicians, therapists, and other medical professionals) regarding treatment issues and Client's care.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Relationship to Client \_\_\_\_\_