



Vimy Ridge Academy 8205 - 90 Ave NW, Edmonton, Alberta T6C 1N8

Phone: (780) 461-5245

Parental Consent for Physiotherapy

I, _____, hereby authorize, Advanced Health Physiotherapy to provide my minor child/person,

_____, under my guardianship with receiving and participating Physiotherapy as deemed appropriate. I understand that I am financially responsible for the minor and that all statements contained in this consent apply equally to myself and to the minor. I consent to my minor child receiving and participating in physiotherapy in accordance with the facility and operating policies in my absence under the following conditions:

- In the presence of another family member (spouse, grandparent, etc.) (Designate below)**
- In the presence of someone other than a family member (friend, etc.) (Designate below)**
- When my child is unaccompanied**
- Other: _____**

An adult 18 or older that I designate below, will attend with my minor child/person:

Name: _____

Relationship to Minor: _____

I certify that I have read and understand all the terms of this consent and agree to continue to abide by all of the terms of this consent. I acknowledge that I am fully responsible for all the costs of treatment and ensuring that payment for my assessment/treatment(s) are paid in full to Advanced Health Physiotherapy.

Print name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Date: _____

Advanced Health Physiotherapy Staff Member: _____