

OrthoSport Hawaii LLC

Main Clinic: 5722 Kalanianaʻole Hwy, Honolulu, HI 96821
Downtown: 745 Fort Street, #105 Honolulu, HI 96813
Kakaʻako: 400 Keawe Street, #102 Honolulu, HI 96813
Billing Office: 5216A Hao Place, Honolulu, HI 96821
Central Phone: 808-373-3555
Central Fax: 808-373-3666

Consent for Minor Attendance without Parent

Check all that apply:

If I am unable to bring my child to Physical Therapy, I authorize the following people to bring them. Please let your authorized people know that photo identification may be requested.

Name _____

Phone Number _____

Name _____

Phone Number _____

I authorize my child to bring him/herself to therapy and attend physical therapy without a parent present.

In my absence please communicate information about my child's therapy with the caregiver who brings him/her.

If I am not present during Physical Therapy treatment, please contact me with any pertinent information regarding his/her treatment at (phone/email) _____.

Signature of Parent / Legal Guardian

Date

Printed Name of Parent / Legal Guardian

Copayments, no show & late cancel fees, equipment purchases and all balances are due at time of service. If you child is unable to make payment at time of service, you may make arrangements to leave a credit card on file.