



829 SW Lemans Ln - Lee's Summit, MO - 64082 P: (816) 352-9461 F: (816) 817-0501

Patient Consultation Consent Form

1. As the parent or legal guardian of _____ (Child's Name), I _____ consent for (he/she) to participate in consultative physical therapy services provided by Mighty Kids Pediatric Therapy, LLC.
2. I understand, and agree, that a physical therapy consultation is not a substitute for a medical examination nor equivalent to a skilled physical therapy evaluation.
 - a. I understand and agree that during the consultation my child will participate in movement activities designed to provide the therapist with information related to my outlined concerns.
 - b. Myself or another responsible adult will be expected to supervise and assist my child as needed throughout the consultation.
 - c. I agree to be solely responsible for my child's participation in any movement activities and/or suggestions made during the consultation.
 - d. I understand that following the consultation, suggestions and activities will be recommended by the consulting physical therapist based on the limited information obtained during the consultation and are to be used at my discretion.
3. I understand and acknowledge that due to the lack of a skilled physical therapy examination, participation in activities outlined during consultation constitutes an **inherent risk** that could result in **injury or death**.
4. I understand and acknowledge that these risks include, but are not limited to joint, muscle, tendon or ligament injury during stretching, falls, collision with fixed objects or people during play activities, and/or any unforeseen injuries related to unknown, or unrevealed complications or contraindications, related to or arising from my child's past, present or future medical status.
5. I have been advised of all of the potential risks, consequences and benefits of consultative physical therapy. The physical therapist has discussed with me the information provided above. I have had the opportunity to ask questions about the information presented on this form. All of my questions have been answered and I understand the written information provided above.
6. I understand that reasonable and appropriate efforts have been made to eliminate confidentiality risks associated with consultative physical therapy sessions and all existing confidentiality protections under Federal, State, and local law apply.
7. I unconditionally release Mighty Kids Pediatric Therapy, LLC, and their employees, owners, and insurers to the fullest extent permitted by law, from any liabilities that arise out of, or relate in any way, to my child's participation in consultative physical therapy services.

Parent/Guardian Signature _____ Date _____