

SOUTH MOUNTAINSPORTS MEDICINE & REHABILITATION
12226 SOUTH 1000 EAST, SUITE 1
DRAPER, UT 84020
(801) 523-3415

I _____ parent and/or authorized legal guardian of
_____ hereby do authorize South Mountain Sports
Medicine & Rehabilitation to administer such physical therapy services as may be deemed
either necessary or appropriate.

If deemed either necessary or appropriate that additional medical treatment subsequent to the
first visit is needed, I understand that I will be notified by South Mountain Sports Medicine &
Rehabilitation before proceeding with same. Such determination of necessity or
appropriateness is the sole determination of the registered physical therapist.

Signed: _____ Date: _____

Witnessed: _____