

## CONSENT FOR MINOR TO BE TREATED WITHOUT PARENT PRESENT

I, \_\_\_\_\_, the Parent/Guardian of \_\_\_\_\_  
\_\_\_\_\_, give permission for my son/daughter to attend  
physical/occupational therapy alone and authorize Orlin & Cohen to provide  
treatment to my son/daughter in my absence. I understand that: (a) Orlin &  
Cohen assumes no responsibility for my son/daughter before or after arrival their  
appointment and (b) Orlin & Cohen may require my presence at future visits for  
any reason. I release Orlin & Cohen and Northwell Health from any liability from  
any action that may occur related to my son/daughter being treated without me  
being present. I attest that my son/daughter is responsible to attend therapy  
alone.

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Parent/Guardian (print name)

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Parent/Guardian Signature

Date