

**POTTSVILLE AREA PHYSICAL THERAPY SERVICES, P.C.**

2655 Woodglen Road  
P.O. Box 68  
Pottsville, PA 17901

JOSEPH HALKO L.P.T.  
PHILIP MALLOY PT, DPT, OCS

TEL. 570-622-6648  
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**CONSENT TO TREAT A MINOR**

As legal guardian for the patient listed, I consent to allow Pottsville Area Physical Therapy Services, P.C. to treat my child as ordered by his/her physician.

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date