

Parental Permission Form

I, _____ (parent and/or guardian) hereby voluntarily provide permission and consent for temporary treatment of _____ (dancer) to Dr. Jason Exposito, Physical Therapist, Doctor of Physical Therapy, Certified Manual Physical Therapist should they freely choose.

- Parent/guardian understands that Dr. Exposito is providing Direct-Access Physical Therapy services voluntarily to address dance-related impairments and/or injuries to reduce pain, improve biomechanics and function for dance.
- Parent/guardian understands that Dr. Exposito is a Licensed Physical Therapist in the State of Ohio, has a certification in Manual Therapy with an emphasis in Differential Diagnosis, manipulation techniques, and a 10+ year history treating and managing care for athletes with special attention and education on dance-related conditions.
- Parent/guardian understands that Dr. Exposito will not bill any insurance for any care provided. Temporary care provided during "theatre week" that constitutes short-term care to address deficits before a performance will not require payment but care that would like to be managed long-term will require cash-payment and will be discussed directly with the parent/guardian before any care is provided.
- Parent/guardian understands that Dr. Exposito is working outside the jurisdiction/employment but with the consent of Canton Ballet in providing care for the dancer with responsibility of liability upon Dr. Exposito solely.
- Parent/guardian understands that they can contact Dr. Exposito at any time for clarification at 330-546-2358 or jexpo86@gmail.com

Date: _____

Parent/Guardian Name: _____