



CONSENT TO TREAT A MINOR

(I) (We), the undersigned, parent/guardian of _____, a minor, do hereby authorize _____, as agent(s) for the undersigned to consent to any x-ray, examination, and chiropractic diagnosis or treatment, which is deemed advisable by a licensed chiropractor, be rendered under the general of special supervision of any licensed chiropractor.

It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but is given to provide authority to the above described agent(s) to give specific consent to any and all such diagnosis and treatment which chiropractor, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

This authorization shall remain in effect until _____, 20____. Unless sooner revoked in writing delivered to the agent(s) noted above.

Print Name _____, relationship _____

Signature _____, relationship _____

Date _____