



Spring Lake Chiropractic

MINOR CONSENT FORM

1171 N. Bragg Blvd. Spring Lake, NC
910-436-5000

CONSENT TO TREATMENT OF A MINOR

MINOR'S NAME: _____

I, the undersigned, attest that I am the custodial parent or legal guardian of the above referenced minor ("the minor"), and hereby authorize Spring Lake Chiropractic to administer treatment to the minor as it so deems necessary. In the event the minor has received treatment at our practice previous to the date of this consent form, I hereby authorize such treatment in addition to the treatment mentioned above. I further authorize the minor to complete and sign any documents at Spring Lake Chiropractic which are customarily completed and signed by patients at this practice as a condition to treatment, and such signature shall serve as my own. In no event shall my signature to any other such document have any effect on this consent form.

Name of Parent/Guardian _____

Relationship to the Minor:

- Custodial Parent
- Adoptive Parent with Custody
- Guardian by Law Date Guardianship Commenced: _____
- Other (Please Specify) _____

SSN of Parent/Guardian _____ Birthdate _____

Address of Parent/Guardian _____

Home Phone _____ Work Phone _____

Signature _____

Witness Name _____

Witness Signature _____ Date _____