

Natural Wellness Care Center
7558 W. Thunderbird Rd., Ste. 4B
Peoria, AZ. 85381

CONSENT TO TREATMENT OF A MINOR

I (We), the undersigned, parent(s)/person having legal custody/ legal guardianship of _____, a minor, do hereby authorize _____
(Name of minor) (Name of agent)

as agent(s) for the undersigned to consent to any x-ray, examination, chiropractic diagnosis or treatment, which is deemed advisable by a licensed chiropractor, and/or therapeutic massage for the basic purpose of relaxation and relief of muscular tension, which is deemed advisable by a licensed massage therapist, all services to be rendered under the general or special supervision of any licensed chiropractor.

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

These authorizations shall remain effective until _____ unless sooner
(Date)
revoked in writing delivered to the agent(s) noted above.

Date: _____

Signature: _____
(Parent/ legal guardian/person having legal custody) (Circle relationship)

Signature: _____
(Patient)