



CONSENT TO TREAT A MINOR

I hereby consent to and authorize the provider at Sport and Spine Rehab, and whomever he/she may designate as assistants to administer chiropractic and/or physical therapy care as deemed necessary to my child/legal dependent.

This consent will continue in effect until further notice.

Print Name of Child/Patient

_____/_____/_____
Patient Date of Birth

Print Name of Parent/Guardian

Parent/Guardian Signature

_____/_____/_____
Date of signature

Witness Signature

_____/_____/_____
Date of signature