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Consent to Examine/Treat A Minor Child

Mr. / Mrs. _____ is/are the parent (s) / guardian (s) of _____, a minor child, and has/have consented to the examination of the minor child and will be present during the examination. I/we have also been informed of the examination findings and proposed treatment plan and give his/her/ their informed consent for treatment to be initiated as of the date below. I/we also give permission for emergency Chiropractic treatment of my/our child, for illness or accident in the event that I cannot first be contacted.

Signature of Parent/Guardian

Date