

CONSENT TO TREATMENT OF A MINOR

(I)(We), the undersigned, being parent(s)/person(s) having legal custody or legal guardianship of _____ (name of patient), a minor, do hereby authorize Woosley Chiropractic, Rehab, & Wellness Center, and all of its providers and staff members, and give consent to any x-ray, examination, diagnosis and treatment, which is deemed advisably by the licensed professional(s), be rendered under the general and special supervision of the licensed provider(s).

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 Woosley Chiropractic to give specific consent to any and all such diagnosis and treatment which the provider(s), meeting the requirements of this authorization, may, in the exercise of his/her/their best judgment, deem advisable.

This authorization shall remain effective until _____, 20_____, unless sooner revoked in writing delivered to Woosley Chiropractic.

Signature _____ Date _____

Signature _____ Date _____