

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 **Gordon D. Elder, DC, PA dba the Blair Chiropractic Clinic** to administer treatment as it so deems necessary to the minor. In the event that the minor has received treatment at your practice previous to the date of this consent form, I hereby authorize such treatment in addition to the treatment mentioned above. In no event shall my signature to any other such document have any effect on this consent form.

Name of Parent / Legal Guardian (please spell clearly): _____

Relationship to the minor:

Custodial Parent

Adoptive Parent with Custody

Guardian by law. Date guardianship commenced: _____

Other: _____

Social Security # of Parent / Guardian: ____ - ____ - ____ Birthdate: _____

Address of Parent / Guardian: _____

Primary Phone: (____) ____ - ____ cell ___ home ___ work ___ other: _____

Secondary Phone: (____) ____ - ____ cell ___ home ___ work ___ other: _____

Tertiary Phone: (____) ____ - ____ cell ___ home ___ work ___ other: _____

Signature: _____ Date: _____