

Myers Chiropractic Clinic
3 Hampton Road
Exeter, NH 03833
(603) 772-3981

Consent for Chiropractic Treatment of a Minor Child

I _____, the Mother Father Legal Guardian of

_____, consent to the rendering of care, including diagnostic procedures, x-rays and treatment given by Myers Chiropractic Clinic.

As of today's date, I have the legal right to select and authorize health care service for the minor child named above.

If applicable, under the terms and conditions of my divorce, separation or other legal authorization, the consent of a spouse, former spouse or other parent is not required. If my authority to so select and authorize this care should be revoked or modified in any way, I will immediately notify this office.

I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

I have read this form and certify that I understand its contents.

This consent shall be valid from this date forward unless I notify Myers Chiropractic Clinic in writing that consent has been revoked.

Signature: _____ Date: _____
Mother, Father or Legal Guardian

Witness: _____ Date: _____