

VELOCITY SPORTS MEDICINE

SPORTS CHIROPRACTIC * PHYSICAL THERAPY * DRY NEEDLING * MANUAL THERAPY * NUTRITION

CONSENT TO TREAT A MINOR

I/We, the undersigned, parent(s)/person having legal guardianship/ person having legal custody of _____ (minor's name) hereby authorize _____ as agent(s) for the undersigned to consent to any examination and chiropractic diagnosis or treatment deemed advisable by a licensed chiropractor, be rendered under the general or special supervision of a licensed chiropractor.

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 the above described agent(s) to give specific consent to any and all such diagnosis and treatment which the chiropractor may deem advisable, meeting the requirements of this authorization in the interest of his/ her best judgement.

This authorization will remain effective until revoked in writing delivered to the agent(s) noted above.

Signature: _____

Printed: _____

Date: _____