



**Maria Ventura Meesit, D.C.**  
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PARENTAL CONSENT FOR TREATMENT AND CARE OF MINORS<sup>1</sup>

I, \_\_\_\_\_, being the parent and/or legal Guardian of the  
print adult name

minor age child, \_\_\_\_\_, \_\_\_\_\_,  
print child's name date of birth

hereby give consent for necessary or appropriate treatment and care by the health care providers  
affiliated with  Maria V. Meesit, DC , which may include, without limitation,  
Clinic name

arranging for and/or authorizing consultation, evaluation, referral, treatment, for the above-named  
minor.

This consent shall remain in effect unless it is revoked in writing.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Parent / Legal Guardian: \_\_\_\_\_  
Print name Sign name

Relationship to minor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\*Please attach a copy of the parent/guardian valid ID or driver's license to this consent form.

<sup>1</sup>Authority: Sect. 1014.06, Fla. Stat