

**CONSENT TO EXAMINATION AND DIAGNOSTIC PROCEDURES
OF A MINOR**

I, _____, do hereby represent and affirm that I am the parent / legal guardian / possessory conservator / managing conservator of _____, age _____. Furthermore, in the case that the custody of said minor has been legally interpreted, I do hereby represent and affirm that I currently possess the rights and responsibilities of health care for said minor.

I do hereby authorize Michael Combs, D.C., to perform upon said minor examination and diagnostic procedures, arising from any current or presently unforeseen conditions, which the aforementioned doctors may consider necessary or advisable in the course of said minor's health care.

I understand and agree that Dr. Combs has the right to refuse to accept said minor as a patient at any time before treatment begins. The taking of a history and the conducting of a physical examination are not considered treatment, but are part of the process of information gathering so that the doctors can determine whether to accept said minor as a patient.

Printed Name

Printed Name (Witness)

Signature

Signature (Witness)

Relationship to Minor

Date