Consent to Treatment of Minor

I / We, the undersigned, parent(s) / person having legal custody / legal guardianship of _____, a minor, do hereby authorize Belmont Chiropractic as agent(s) for the undersigned consent to any x-ray, examination, and chiropractic diagnosis or treatment, which is deemed advisable by a licensed chiropractor, be rendered under the general or special supervision of any 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 chiropractor, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

This authorization shall remain effective until said minor becomes of legally responsible age (minimum 16 years of age, in the state of Virginia), unless sooner revoked in writing delivered to the agent(s) noted above.

Signature: _____ Date: _____

Relationship to patient (circle one): Parent | Legal Guardian | Legal Custodian

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