

**GARDINER FAMILY CHIROPRACTIC
CONSENT TO TREAT A MINOR AND GUARDIAN INFORMATION**

FOR PATIENTS UNDER THE AGE OF 18

Parent/Guardian: _____
Relationship to Patient: _____
Address if different _____
City _____ State _____ Zip _____
Home Phone: _____ Cell Phone: _____
Employer _____ Work Phone: _____ ext. _____

Parent/Guardian: _____
Relationship to Patient: _____
Address if different _____
City _____ State _____ Zip _____
Home Phone: _____ Cell Phone: _____
Employer _____ Work Phone: _____ ext. _____

CONSENT TO TREATMENT OF MINOR CHILD

I hereby authorize Drs. Pidgeon, Peters, Johnson and/or Biser and whomever he or she may designate as assistants, to administer chiropractic care deemed necessary to my _____ (relationship to child),

_____ (name of child).

Dated at _____ (city), _____ (state).

This _____ day of _____, 20_____.

Signed _____ (parent or guardian)

Witnessed _____

Degenerative changes from trauma, including falls, "mild" car accidents, and even the birth process can take 10 years or more to show up on x-ray. Give all your children the best start possible by correcting these problems early!