

Delmar Chiropractic Office
204 Delaware Avenue
Delmar, New York 12054

Consent To Treatment Of Minor

I/We, the undersigned, parent(s)/person having legal custody/legal guardianship of _____, a minor, do hereby authorize the doctors at Delmar Chiropractic Office as agents for the undersigned to 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 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 agents to give specific consent to any and all such diagnosis and treatment which chiropractor, meeting the requirements of this authorization, may, in the interest of his/her best judgment, deem advisable.

This authorization will remain effective until revoked in writing delivered to the agents noted above.

Date: _____

Signature: _____