

CONSENT TO CARE OF A MINOR

(I)(We), the undersigned, parent(s)/person having legal custody/legal guardianship of

_____, a minor, do hereby authorize

(Name of Minor)

HUSS CHIROPRACTIC CLINIC to exam and render any necessary care by a licensed chiropractor.

It is understood that this authorization is given in advance of any specific diagnosis or care 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 care which chiropractor, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

Date _____

(Signature of Parent/legal guardian/person having legal custody)

(Print Parent name)