

**Authorization for Evaluation and/or Treatment of a Minor Child
Unaccompanied by a Parent or Legal Guardian**

Patient name: _____ Date of Birth: _____

Guardian Printed Name: _____

<p style="text-align: center;">Authorization for other individual to accompany minor patient under 18 years of age</p>	<p>I authorize _____ <small>(Name of person(s) being authorized)</small></p> <p>Their Phone Contact: _____</p> <p>Relationship to patient: _____</p> <p>...to give consent to chiropractic treatments by Door to Door Chiropractic on behalf of my child listed above. The above named individual(s) may also receive additional information pertinent to the care and treatment of this minor child. I understand that I am still financially responsible for all expenses incurred by my child during these appointments. Valid until revoked in writing.</p> <p>Guardian Signature: _____</p> <p>Date: _____</p>
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<p style="text-align: center;">Authorization for minor patient to be <u>unaccompanied</u> for treatment by Door to Door Chiropractic</p>	<p>I authorize and give consent for my child, listed above, to go independently to appointments and consent to all chiropractic treatment without the presence of a parent or legal guardian. I understand that I am still financially responsible for all chiropractic expenses incurred by my child during these appointments. Valid until revoked in writing.</p> <p>Guardian Signature: _____</p> <p>Date: _____</p>
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