



**AUTHORIZATION TO TREAT MINOR CHILD**

We must have permission from a minor child's parent or guardian before providing chiropractic treatment when the child is accompanied by someone other than the parent or legal guardian. Please fill out the following information for us to include in your child's medical records.

---

Patient's Name

---

Date of Birth

I am the Parent or Legal Guardian of the child listed above and I authorize Rody Chiropractic Clinic to provide chiropractic care as needed.

---

Signature of Parent or Guardian

---

Date