



Chiropractic Care and Rehab Center

Estero Park Commons
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Estero, Florida 33928
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Christopher M. Green, D.C.
Michelle M. Giroux, D.C.

Consent for Treatment of a Minor

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

_____, a minor, do hereby authorize
(name of Minor)

Chiropractic Care & Rehab Center/Dr. Green/Dr. Giroux and/or whomever Dr. Green or Dr. Giroux may designate to administer chiropractic care deemed necessary to my son or daughter.

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 agent(s) to give specific consent to any and all such diagnosis and treatment which chiropractor, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

Signature: _____
(Parent/legal guardian/person having legal custody) (circle relationship)

Signature: _____
(Parent)

Date: _____

Witnessed: _____