**Consent to Treat Minor Patient without Parent/Legal Guardian Present**

By law, ay child under the age of 18 years cannot be seen by a doctor without consent from a parent or legal guardian. If the minor arrives with someone other than a parent or legal guardian, we must have written permission from the parent or legal guardian that this person has been appointed to act on your behalf.

**Minor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

For those occasions when you may visit without your child**, please list those individuals who may give us consent to see your child:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship to Patient

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship to Patient

**Limitations:**

Identify any specific limitations on the kinds of medical services for which this authorization is given.

Check here if you wish to give consent for the minor to receive medical care without an accompanying adult. This consent may apply to minors age 16 and older. This consent shall be in effect for \_\_\_\_\_\_\_\_\_date only or

 Indefinitely, until revoked by written communication

**Authorization:**

I (parent/legal guardian name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ request and authorize Bukaty Family Chiropractic and its personnel to deliver routine medical care of my child listed above as may be deemed necessary or advisable in the diagnosis and treatment of the minor child. I am also aware that the adult presenting the child is responsible for payment of the patient portion at the time of service.

I have read, understand, and give my consent as stipulated above. My signature means that I have read this for and / or have had it read to me and explained in the language that I can understand.

Parent of Legal Guardian – Please Print Relationship

Parent of Legal Guardian Signature Date