



CONSENT TO TREAT A MINOR

I hereby authorize 22 Health Group, LLC to perform diagnostic tests and render chiropractic adjustments and other treatment to MY MINOR CHILD, _____.

I give 22 Health Group, LLC the right to (adjust/examine/x-ray/massage/preform physical modalities on) my child **without** a parent or legal guardian being present.

As of this date, I have the legal right to select and authorize health care service for the minor named above.

(If applicable) Under the terms and conditions of my divorce, separation or other legal authorization, the consent of a spouse/ former spouse or other parent is not required. If my authority to so select and authorize this care should be revoked or modified in any way, I will immediately notify this office.

Date: _____ Signature: _____

Witness: _____ Printed Name: _____

Relationship to Patient: _____