Gaslight
FAMILY CHIROPRACTIC

MINOR CONSENT FORM

I ______________________________________, guardian of, ___________________________________
Printed Guardian Name Printed Child's Name

consent to treatment of my child by the professionals at Gaslight Family Chiropractic. I understand that both the Doctor/Massage Therapists do not diagnose or prescribe medications for any condition, and that it is recommended that I work concurrently with my child's primary care physician for any condition that they may have. I understand the possible complications of both chiropractic care and therapeutic massage and have had (or will have) the opportunity to ask any questions that I may have on behalf of my child.

Because the professionals at Gaslight Family Chiropractic must be aware of all existing conditions, medications and past injuries and surgeries, my child and/or myself has made sure to inform and notify the staff to the best of our knowledge. I understand that it is my responsibility to inform the staff of any changes in my child's health history at the time service is rendered. I understand that I am to be on the premises while my child is receiving treatment at Gaslight Family Chiropractic, and I have the right to be in the treatment room with my child, should I deem it necessary.

____ ______________________
Signature of Guardian Date

CONSENT TO UNACCOMPANIED VISITS & TREATMENT

In special circumstances, **children aged 16+** can be seen without the presence of the legal guardian after the initial exam. By signing below, I am acknowledging that I agree and allow my child to be seen after this initial exam without the presence of myself or another guardian. I understand that it is my responsibility to keep my child's account up to date and ensure that payment is made at the time services are rendered.

____ ______________________
Signature of Guardian Date

For the security of your child, and peace of mind of the staff here at Gaslight Family Chiropractic, please list below the names of the individual(s) that may pick up or drop off your child if you are unable.

____ ______________________
Name Relationship

____ ______________________
Name Relationship

____ ______________________
Name Relationship