



Consent to Treat a Minor Child

Date: _____

This is an official consent to treat _____, a minor child, without presence of his/her parent or legal guardian at Southwestern Chiropractic and Wellness Center. I have read the informed chiropractic consent and agree to it and its disclosure. I understand that I may at any time request that the above minor child only be treated in his/her parent or legal guardian presence. I also understand that I may ask questions about above minor child's treatment (consistent with HIPAA act) that will be answered in a timely manner. I agree to leave a credit card on file to be run in the absence of a parent/guardian or understand that payment is due at time of service.

(Signed)

(Printed Name)

(Credit Card Number)

X _____ CVC _____