

EMPOWER FAMILY CHIROPRACTIC

Dr. Jeannique Norbert

Minor / Child Consent Form

I am the parent, guardian, or personal representative of _____
(Please print name of minor / child)

and there are no court orders now in effect that prohibit me from signing this consent. I do hereby request and authorize the doctor and practice staff to perform necessary services for the child named above, which are deemed advisable by the doctor.

Signature of Patient, Parent, Guardian or Personal Representative

Date

Please Print Name of Patient, Parent, Guardian or Personal Representative

Date

- I request that my child be able to maintain their chiropractic appointments without the presence of a parent/guardian when necessary. *(This applies to children 14 years of age or older.)*

Signature of Patient, Parent, Guardian or Personal Representative

Date

Witness Signature

Date

ADDITIONAL REMARKS: