BARKALOW
CHIROPRACTIC & PHYSICAL MEDICINE

Consent to Treat Minor Patient-Without Parent/Legal Guardian Present

By law, any child under the age of 18 years old 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 by you to act on your behalf.

Minor's name: _____ **DOB:**_____

For those occasions when you may not be with 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. (If none, state "none")

_____

☐Check here if you wish to give consent for the minor to receive medical care **without an accompanying adult**. This consent may only apply to **minors age 16 and older**.

This consent shall be in effect for: ☐Date_____**(only)**

☐Indefinitely, until revoked by written communication

AUTHORIZATION: I (parent/legal guardian name) _____ request and authorize Barkalow Chiropractic & Physical Medicine to deliver routine medical care to 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 the legal right to preauthorize Barkalow Chiropractic & Physical Medicine to deliver routine medical treatment and services to my child.) I have read, understand, and give my consent as stipulated above. My signature means that I have read this form and/or have had it read to me and explained in the language that I can understand.

_____
Parent or Legal Guardian (please print) Relationship

_____
Parent or Legal Guardian Signature Date