CONSENT TO TREAT A MINOR

I hereby consent to and authorize the provider at Sport and Spine Rehab/ Kaizo Helath, and whomever he/she may designate as assistants to administer chiropractic and/or physical therapy care as deemed necessary to my child/legal dependent.

This consent will continue in effect until further notice.

_____ _____/_____/_____

Print Name of Child/Patient **Patient Date of Birth**

_____

Print Name of Parent/Guardian

_____ _____/_____/_____

Parent/Guardian Signature **Date of signature**

_____ _____/_____/_____

Witness Signature **Date of signature**