

Pinnacle Sports Performance & Rehabilitation

300 Beardsley Lane Bldg B

Austin Texas 78746

512.349.5500 Phone

512.349.0170 Fax

Consent to Treat Minors

In my absence, I authorize _____ D.C. and staff to
evaluate and treat, _____, a minor child, that in
his/her judgement, the Chiropractor determines advisable for the child's well
being.

Parent / Guardian Signature _____ Date _____

*Witness Signature _____ Date _____

* If parent or guardian is giving verbal authorization over the telephone, a second
witness should be documented.