

King George Family Chiropractic
9305 Kings Highway
King George, VA 22485
(P) 540-775-2250
(F) 540-775-2448

Minor Consent Form for Treatment

Minors are permitted to receive treatment in the clinic.

Parent or legal guardian must be present in helping complete the Health History Form for the minor, along with consent for therapy sessions.

Guidelines:

1. Minors (All clients under the age of 18 – Unless otherwise emancipated) can only receive treatment with written parental/legal guardian consent.
2. For clients age 16-18 if both client and parent/guardian are comfortable with the child being adjusted by themselves, please initial here. _____
3. Otherwise, parent/guardian should be in the treatment room during each session. Once comfortable, therapeutic relationship has been established and the doctor, child and parent are comfortable the parent/legal guardian does not have to be present in the room.

I, _____, am the parent/legal guardian of

_____. I have read the above information and give my permission for my child, age _____ to receive chiropractic treatment from Dr. Shawn Pallotti, DC.

Signature of parent/guardian

Date