



Consent To Treat A Minor / Responsible Party

I hereby authorize Dr. Fountain and whomever he or she may designate as assistants to administer chiropractic care as deemed necessary to my

_____ (indicate relationship of child),

(Name of child)

(Date of Birth)

I, _____, accept responsibility on behalf of
(Responsible Party)

_____. Below is my, responsible party, information:
(Name of Child)

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Printed: _____
(Parent or guardian)

Signature: _____ Date: _____
(Parent or guardian)

Witness (Office Use): _____ Date: _____