

**LANIER CHIROPRACTIC & REHABILITATION
4530 NELSON BROGDON BLVD
SUITE B
SUGAR HILL, GA 30518**

CONSENT TO TREAT A MINOR

I hereby request and authorize Lanier Chiropractic & Rehabilitation and its doctors to evaluate, diagnose and treat the minor via chiropractic adjustments via hands and instrument methods, cold laser therapy, ultrasound, interferential stimulation, color therapy and footbath.

Patient's (Child's) Name – please print

Child's Date of Birth _____ Age _____

Printed Parent Name

Signature of Parent

Date

I hereby give permission to Dr. Patricia Seebach to treat my child in my absence.

YES

NO _____

Signature of Parent

Date