O'Brien Chiropractic
24 Chestnut Street - Suffern, N.Y. 10901
(845) 369-7611

Treatment of Minor Consent

I hereby authorize Dr. Joseph O'Brien and whomever he may designate as assistants to perform diagnostic tests and render chiropractic adjustments and other treatment to **MY MINOR CHILD: _____.**

As of this date, I have the legal right to select and authorize health care services for the minor child named above.

(If applicable) Under the terms and conditions of my divorce, separation or other legal authorization, the consent of a spouse/ former spouse or other parent is not required. If my authority to so select and authorize this care should be revoked or modified in any way, I will immediately notify this office.

Date: _____ Signature: _____

Witness: _____ Printed Name: _____

Relationship to Patient: _____