



### **Authorization to Treat a Minor**

As a parent or legal guardian, I hereby authorize Grand Rapids Wellness, PC to provide treatment for the following minor:

Patient's full name: \_\_\_\_\_ DOB: \_\_\_\_\_

For any chiropractic/acupuncture treatment deemed advisable, if a parent or legal guardian is not available when the child is brought in for treatment.

This authorization will be effective as of \_\_\_\_\_ and expires \_\_\_\_\_.

Signature: \_\_\_\_\_ Witnessed by: \_\_\_\_\_  
(parent or guardian)