

# Minor Authorization Form

(Younger than 18 years of age)

Childs Name: \_\_\_\_\_

I, \_\_\_\_\_ as the parent or guardian of the above referenced minor, give the doctors and staff at Mid-America Family Chiropractic my permission for the following listed and initialed procedures on the above named child.

\_\_\_\_\_ Perform a Chiropractic Examination.

\_\_\_\_\_ Perform X-Rays needed on this patient.

\_\_\_\_\_ Initiate chiropractic care as deemed necessary

I understand that I am responsible for any portion of the bill not paid for by any health coverage, including but limited to: private or group insurance, accident coverage, and State or Federal health care programs, etc.

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_