

The Athlete Stop

17758 Katy Freeway, Suite 3
Houston, TX 77094
Office: 281-599-3039
Fax: 281-599-3024

Consent to Treatment of a Minor

I, _____ , being the parent or legal guardian
PARENT/GUARDIAN NAME

of _____ , a minor of age _____ , do hereby
NAME OF MINOR

authorize the examination and treatment of said minor as seen fit by Dr. D. Chase, D.C.

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE OF WITNESS