

"Achieving maximum output"



Chiropractic Sports Institute  
A Professional Corporation

DR. TERRY WEYMAN, D.C., C.C.S.P.®  
DR. HEATHER WHITE, D.C.

## CONSENT TO TREAT A MINOR

(Parent/Guardian) Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Minor: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I (we) being the parent/guardian of the above named minor, do hereby consent, authorize and request Chiropractic Sports Institute, to administer such medical treatment as he deems necessary on the above named minor.

I (we) understand that Chiropractic Sports Institutes recommendations and instructions for care and treatment must be complied with, otherwise the doctor cannot be held responsible and/or liable.

I (we) understand that there will be certain recommendations and procedures to follow for the care of the above named minor. I (we) therefore agree to comply with the doctor's instructions for the total amount of care necessary until the doctor releases the patient.

Parent /Guardian Signature: \_\_\_\_\_

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

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