



CONSENT TO TREAT A MINOR CHILD

Pathways Chiropractic Health Center of Prior
Lake, 16154 Main Ave SE, Prior Lake, MN 55372
Phone (952)447-3000 Fax (952)447-3561



Responsible Party Information:

First _____ MI _____ Last _____ Male Female
Address _____ City _____ State _____ Zip _____
Social Security # _____ Date of Birth ____/____/____ Age _____
Marital Status: Single Married Widowed Divorced Separated Spouse's Name _____
Phone: Home (____) _____ Cell (____) _____ Email Address _____
Work (____) _____ Occupation _____ Employer _____
Employer Address _____ City _____ State _____ Zip _____

I hereby authorize the Chiropractors at Pathways Chiropractic Health Center to administer treatment as deemed necessary to my:

- Son
- Daughter
- Dependent

Patient Name: _____

Parent or Guardian Signature: _____

Date: _____

Witnessed By: _____