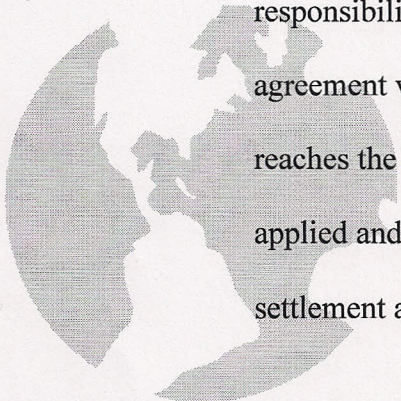




MANLEY CHIROPRACTIC

Consent To Treat A Minor

I, _____, by signing this document, hereby give permission to Manley Chiropractic Clinic, P.A. and to examine and treat my child for any special deficiency and to administer any treatment that is deemed necessary by the doctors at the aforementioned clinic. I hereby signify acceptance of responsibility for payment of charges incurred by my child. I understand that this agreement will remain in effect until the account is paid in full, even after my child reaches the age of majority. I also understand that insurance benefits may be applied and are acceptable as payment according to the guidelines of the policy of settlement and in conjunction with Manley Chiropractic Clinic, P. A. policies.



Name of Minor

Date of Birth

Parent or Guardian (printed name)

Relationship to Minor

Signature of Parent/Guardian

Date

Witness

