

# *Bieber Family Chiropractic*

## *Chirothin Weight Loss Program*

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[www.bieberfamilychiro.com](http://www.bieberfamilychiro.com)

**Dr. Andrew Bieber • Dr. Nichole Bieber • Dr. George Jenkins**

## **Consent to Treatment of a Minor**

(under age 18)

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Birthdate: \_\_\_\_\_

### Relationship to Minor:

Custodial Parent

Adoptive Parent with Custody

Guardian by Law

Date Guardianship commenced: \_\_\_\_\_

Address of Parent/Guardian:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**I hereby authorize Andrew L. Bieber, DC or Nichole C. Bieber, DC or George L. Jenkins, DC or whomever they may designate as assistants to administer chiropractic care or massage therapy as deemed necessary to the minor named above.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_