

Champion Performance Chiropractic Rehabilitation

12 Brewster Lane | East Setauket, NY 11733

Tel. 631.675.2758 | Fax. 631.675.2760

Consent to Treatment of Minor

I (We) being the parent or guardian of _____, a minor, the age of _____ do hereby consent, authorize, and request the Doctors of Champion Performance & Rehabilitation, Inc. and whomever they may designate as assistants to administer treatment deemed advisable, necessary, or requested on the above named minor. I intend this consent form to cover the entire course of treatment for this child's present or any future condition(s) for which I seek treatment for this child.

I agree to hold Champion Performance & Rehabilitation, PLLC free and harmless from any claims, suits, or damages or complications which may result from such treatment.

Signed: _____
Parent or Guardian

Date: _____

Witness: _____