

PERMISSION TO TREAT CLIENT

Name: _____ Date of Birth: _____
 Last First Middle

My signature below indicates that I give full legal permission to be treated.

_____ Date: _____
Adult Client Signature

PERMISSION TO TREAT MINOR CHILD (under age 18):

Name of Parent/Legal Guardian: _____

My signature below indicates that I give full permission to treat my minor child.

_____ Date: _____
Parent/Legal Guardian Signature