



AUTHORIZATION TO TREAT A MINOR

I, _____, the parent/legal guardian of
_____, give my permission for him/her to be
treated by a Liberty Park Chiropractic provider WITHOUT my being present at the
time of treatment. I also give him/her the authority to sign themselves in when I am
not present. I agree to stay informed of the progress of the above-mentioned
minor, for whom I am responsible.

Patient or Person Authorized to Sign for Patient

Date

Relationship to Patient

Witness

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