

Eastside Chiropractic, P.C.
1011 Woodridge Lane, Building 301 Watkinsville,
Georgia 30677
Dr. Bryan Hooper

Consent for Treatment of Unaccompanied Minor

I authorize and give consent for _____, (Date of Birth ___/___/___),

to be seen independently of a parent or legal guardian for all future appointments.

I understand I am still financially responsible for all medical expenses incurred by the minor for his/her

treatment.

Parent/Guardian Signature

Date