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## Authorization and Consent to Treat Unaccompanied Minor

Minor's Full Name \_\_\_\_\_

Minor's Date of Birth \_\_\_\_\_

### Services that may be rendered on an unaccompanied minor:

Spinal Adjustments  
Extremity Adjustments  
Therapy (E-stim or Traction)

### Services that will not be rendered on an unaccompanied minor:

Periodic Examinations (for new or existing conditions)  
Radiographs of any kind

The undersigned do hereby authorize Dr. Hunter P. Lee, DC of Chiropractic Health Clinic of Huntsville to provide medical treatment of the above-named minor in the absence of a parent or guardian. This is designed for those situations where minors are unaccompanied by either parents or legal guardians. This gives permission for minor to be seen in this office for some services (listed above) without parent, guardian, or designated adult present if the minor is 13 years of age or older. By signing below, parent/guardian also understands that there are specific services (listed above) that cannot under any circumstances be rendered on an unaccompanied minor.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian (Please print) \_\_\_\_\_