

## PERMISSION TO TREAT A MINOR

I GIVE PERMISSION FOR Miguel Cruz DC, a licensed doctor of chiropractic in the state of North Carolina to treat/examine \_\_\_\_\_ who is a minor under the age of 18 for the sole purpose of evaluation and or treatment of injuries sustained while participating in school sports.

I also understand that Dr. Cruz is offering his services while on the field free of charge.

I have read and understand the above. (*Parent or guardian sign*)

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature:  
\_\_\_\_\_