

CONSENT TO TREATMENT OF A MINOR

I (We) being the parent or guardian of _____,
a minor, the age of _____ do hereby consent, authorize, and **Alliance Health Partners** request to administer such treatment deemed advisable, necessary or requested on the above minor.

I (We) agree to hold **Alliance Health Partners** free and harmless from any claims, suits for damages or complications, which may result from such treatment.

Signed _____

PARENT OR GUARDIAN

Date _____

Witness _____

CONSENT TO TREATMENT OF A MINOR

I (We) being the parent or guardian of _____,
a minor, the age of _____ do hereby consent, authorize, and **Optima The Center for Spine Rehabilitation, LLC** to administer such treatment deemed advisable, necessary or requested on the above minor.

I (We) agree to hold **Optima The Center for Spine Rehabilitation, LLC** free and harmless from any claims, suits for damages or complications, which may result from such treatment.

Signed _____

PARENT OR GUARDIAN

Date _____

Witness _____