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## CONSENT TO TREAT OF MINOR CHILD

I/We hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures on me or on \_\_\_\_\_, by Nathaniel A. Reese, DC and/or Elizabeth E. Smolick-Reese, DC, and whomever they may designate as assistants to administer chiropractic care as deemed necessary to my \_\_\_\_\_ (relationship of child).

I/We have had an opportunity to discuss with Dr. Nathaniel Reese and/or Dr. Elizabeth Smolick-Reese and other clinic personnel the nature and purpose of chiropractic adjustments and other procedures. I understand that the practice of neither chiropractic nor medicines is an exact science, and that my care may involve the making of judgments based upon the facts known to the doctor at the time, that it is not reasonable to expect the doctor to anticipate or explain all risks and complications, that an undesirable result does not necessarily indicate an error in judgment, that no one guarantee as to results has been made to nor relied upon by me, and I wish to rely on the doctor to exercise judgment during the course of the procedure which he or she feels at the time, based upon the facts then known, is in my best interest.

I have also been advised that there are other risks, including but not limited to fractures, disc injuries, strokes, dislocations, and sprains.

I have read or have had read to me the above consent. I have also had an opportunity to ask questions about its content, and by signing below agree to the named procedures.

Dated at Canonsburg, Pennsylvania this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

Printed Name: \_\_\_\_\_

Witnessed: \_\_\_\_\_

Printed Witnessed Name: \_\_\_\_\_