

Consent Form for Treatment of a Minor

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Treatment of minors requires a team effort by the medical care provider(s) and the minor's parent or guardian. The parent or guardian's responsibility includes supporting the medical directives given by the medical provider. The medical provider's role includes ensuring that the parent or guardian is aware of and concurs with the treatment their child or children receives.

Treating Minors in the Clinic

It is the policy of Miami-Valley Spine+Joint, LLC that all minors seeking chiropractic treatment be accompanied by a parent/legal guardian during the first office visit for a new problem. After the initial appointment, a minor may be seen by MVSJ for treatment of the same diagnosis without the parent/legal guardian present if this consent form is filled out and maintained in the minor's medical record. In the event of an appointment in which a parent/legal guardian is not present, but the appointment is for the treatment of the initial diagnosis, a MVSJ staff member will be present to supervise the appointment. If a new diagnosis is rendered during a return visit, the parent/legal guardian will need to be contacted and permission will need to be granted before a new diagnosis can be treated.

Consent for Treatments

This form authorizes Miami-Valley Spine+Joint to evaluate and treat your child/children. This permission includes treatment of musculoskeletal conditions by the use of chiropractic adjustments, along with Active Release Techniques, modalities, and rehabilitation exercises.

I authorize and give consent for the treatment of my child/charge to Miami-Valley Spine+Joint if a parent/legal guardian is not present. Additionally, I consent to the presence of a MVSJ staff member to supervise the treatment session of my child/charge if a parent/legal guardian is not otherwise present.

****This authorization must be completed annually until the minor is 18 years of age.***

Name of Patient: _____

Age of Patient: _____

Birth Date of Patient: _____

Patient Medical Problems/Conditions _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date of Birth of Parent/Guardian: _____

Relationship to Patient: _____

Phone Number of Parent/Guardian: _____

Today's Date: _____

Informed Consent Form for Treatment Sessions for Patients Under 18 Years of Age

Active Release Techniques® (ART®)

Active Release Techniques® is a patented, state-of-the-art soft tissue system/movement-based technique that treats problems with muscles, tendons, ligaments, fascia, and nerves. **Chiropractic** is a form of complementary medicine that emphasizes diagnosis, treatment, and prevention of mechanical disorders of the musculoskeletal system, especially the spine. Like ART®, the primary chiropractic treatment technique involves manual therapy, including manipulation of the spine, other joints, and soft tissues.

Verification of Non-Pregnancy (Female Patients Only)

By signing this consent form, I do hereby state that, to the best of my knowledge, my daughter/female child is not pregnant, nor is pregnancy suspected or confirmed at this particular time.

Inherent Risks of ART® and Chiropractic Treatments

As with any healthcare procedure, there are complications, though rare, which may arise during ART and chiropractic treatments. The providers at **Miami-Valley Spine+Joint** administer elite-level treatment and make every reasonable effort to avoid such circumstances and complications. Such complications may include, but are not limited to, the following:

ART®: *Soreness, bruising, and (on exceedingly rare occasions) internal bleeding*

Chiropractic: *Stiffness, soreness, muscle strain, costovertebral strains and separations, cervical myelopathy, disc injuries, dislocations, fractures, and (in less than 0.0001% of patients treated with a cervical adjustment) stroke*

By signing below, parent/guardian voluntarily consents to the rendering of care (including treatment and performance of diagnostic procedures) by MVSJ to child/children, and understands the following:

*The practice of ART® and Chiropractic is used for the resolution of adhesions, fibrosis, biomechanical disorders, and nerve entrapment in and between soft tissue components, as well as; throughout the musculoskeletal system. In order to adequately and effectively resolve such physical ailments, **hands-on treatment** is used, and, on some treatment occasions, may involve contact with personally sensitive areas of the human body.*

I, _____ (*print parent/guardian name*), have read and fully understand the information above and consent to Chiropractic/ART® treatment for _____ (*print child/children's name*) from providers at Miami-Valley Spine+Joint, LLC. I also agree to have a legal guardian of my child/children (*patient indicated above*) present as a chaperone to observe ART® treatment sessions for my child/children, and otherwise agree to the presence of a MVSJ employee to serve as a chaperone to observe treatment sessions for my child/children when a legal guardian is not present for such treatment sessions.

Date: _____

Parent/Guardian Signature

Doctor/ART® Provider Signature