

California Cranial Institute

Thomas E. Bloink, DC

Certified Advanced Instructor of Sacro Occipital Technique

Board of Advisors Sacro Occipital Technique USA

Faculty Member Palmer Chiropractic College West

Certified Neuro Emotional Technique Practitioner

**INFORMED CONSENT
CHIROPRACTIC CARE FOR MINORS**

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including, but not limited to various modes of physical therapy and diagnostic x-rays on the minor, whom I am legally responsible for, named below by Dr. Thomas E. Bloink and/or his Preceptees who presently or in the future treat the named minor in this office.

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 I agree to the procedures. I intend this consent form to cover the entire course of treatment for the present condition and for any future condition(s) for which I seek treatment for the minor named below.

Patient / Minor's Name (Please print)

Parent / Guardian Signature

Date

Relationship to Minor