

**MINOR INFORMATION SHEET**

Full Name: \_\_\_\_\_

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**FAMILY:** *Please fill out parent's names or legal guardian if applicable.*

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_

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**Authorization of Care of Minor:**

I hereby authorize Fetcho Family Chiropractic and its' doctor (s) to administer care as they deem necessary to my son/daughter/ward (upon approval of parent or guardian).

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mother's Signature: \_\_\_\_\_

Father's Signature: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_ Father's Phone: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

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