

CONNECT CHIROPRACTIC

980 Shrewsbury Ave.

Tinton Falls, NJ 07724

MINOR /STUDENT ATHLETE TREATMENT CONSENT FORM FOR CHIROPRACTIC/PHYSICAL MEDICINE:

The primary goal of the staff at Connect Chiropractic is to optimize the health and athletic performance for the student athlete. As proper structure dictates proper function it will be our chief objective to maintain/correct/restore proper bodily function. Our office has assisted athletes playing in such sports as Football, Baseball, Softball, Field Hockey, Track, Soccer, Basketball and Golf. This will be achieved through spinal adjustments/massage and/or extremity manipulation as deemed necessary by the staff of Connect Chiropractic. All services provided to the student athletes are billed to insurance if applicable.

ACKNOWLEDGEMENT AND UNDERSTANDING

I/WE acknowledge and agree to the following:

The doctor will not be held responsible for any pre-existing medically diagnosed conditions. Chiropractic is not a treatment for any condition or symptom. It is a care system that is aimed toward the reduction and correction of spinal subluxations so that your body as a whole may function better. Although chiropractic care is one of the safest forms of health care, it is associated with some minor risks and it is my responsibility to be informed about those risks by asking the doctor or a staff member prior to treatment Chiropractic is a system of health care delivery and therefore, as with any health care delivery system, we cannot promise a cure for any symptom, condition or disease as a result of treatment in this arrangement. An attempt to provide you with the very best care is our main goal and if the results are not acceptable, we will refer you to another healthcare professional who we feel can further assist you. I hereby authorize the doctors and staff affiliated with Connect Chiropractic to treat my condition as deemed appropriate.

WAIVER OF LIABILITY AND RELEASE OF CLAIMS. I do hereby fully and forever release, acquit, and discharge the Saint John Vianney Regional High School, its employees, agents, representative, successors and assigns (collectively the "Released Parties") from any and all liability whatsoever arising out of my participation with Connect Chiropractic and/or arising out of any omission, representation, misrepresentation, violation of code or statute, breach of contract, negligence or breach of any duty or obligation of any nature whatsoever by me, by the staff, employees or agents of the Saint John Vianney High School, whether in law or in equity, whether sounding in tort , in contract or otherwise, or arising out of any use of, dealings with, contacts with, or events in any way connected to Connect Chiropractic.

Signature of patient/parent guardian: _____ Date: _____

CONSENT OF TREATMENT OF A MINOR CHILD

I hereby authorize the doctors of Connect Chiropractic to administer chiropractic care as deemed necessary to my _____ (indicate relationship to minor).

Name of minor: _____ Date: _____

Printed name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Connect Chiropractic Staff: _____

Date: _____