

### Minors Only

Mother's Full Name:

Phone No.

Father's Full Name:

Phone No.

or Legal Guardian Name:

Phone No.

### Guarantor Information

#### Who is responsible for Payment?

Name:

Relationship:

Date of Birth:

SSN:

ID/DL#:

Address:

City:

State:

Zip:

Employer:

Work #:

Home #:

Cell #:

### Signature

Print Name:

Parent / Legal Guardian (please circle relationship)

Signature:

Date:

### Parent Permission

For many families it is difficult to accompany your child to each visit. If your child needs multiple visits, your signature below will allow us to treat them in your absence.

I give permission for my child \_\_\_\_\_  
to be treated in my absence.

### Signature

Print Name:

Parent / Legal Guardian (please circle relationship)

Signature:

Date: