



ATLAS
SPINAL CARE

16500 SE 15th St Suite 160 Vancouver, WA 98683
Phone (360) 718- 7944
Fax (360) 718- 7931

PARENTAL CONSENT FORM

Date: _____

Patients Name (Printed): _____ DOB: _____

Legal Parent/Guardian Name (Printed): _____ DOB: _____

The above named patient, who is under eighteen years old, has permission to be seen by:

Chiropractic Doctor at Atlas Spinal Care

Licensed Massage Therapist at Atlas Spinal Care

Legal Parent/Guardian Signature: _____