



**Authorization and Consent to Treat a Minor**

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

Patient Name: \_\_\_\_\_

Patient Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The undersigned does hereby authorize Elite Performance Institute consent to exam and treat the above mentioned minor by employees of Elite Performance Institute without a Parent or Guardian present.

Important Medical Information (Allergies, Medications, etc.):

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Parent or Guardian \_\_\_\_\_ (signature)