

## Gildea Holistic Health & Wellness

MARTIN S GILDEA DC ♦ 806 HOLLY PIKE ♦ MT. HOLLY SPRINGS, PA 17065  
Phone (717)-486-8189 ♦ Fax (717)-486-3426

### Consent for Treatment of a Minor on this Date only – use for every treatment

(I)(We), the undersigned, parent(s)/person having legal custody/legal guardianship of \_\_\_\_\_, a minor, do hereby authorize Dr. Martin S. Gildea, a fully licensed

Name of Minor

and insured chiropractor in the state of Pennsylvania as agent(s) to the undersigned to consent to any chiropractic examination, diagnosis and treatment, which is deemed advisable by the standards and practices of a licensed chiropractor in the State of Pennsylvania.

It is understood that this authorization is given in advance of any specific diagnosis or treatment being required but is given to provide authority to the above described doctor to give specific consent to any and all such diagnosis and treatment which the chiropractor, meeting the requirements of this authorization, may, in the exercise of his best judgment, deem advisable.

This service is authorized to take place on Tuesday, \_\_\_\_\_, \_\_\_\_\_ at the Star's gym.  
Month Day

#### Privacy

*It is understood that every precaution will be taken to ensure your cheerleader's privacy in strict adherence to HIPPA compliance in regard to records, diagnosis and treatment. However, being a discounted service at the gym without private accommodations not all treatments will be completely private. If this is a concern please contact the office at 486-8189 to discuss further.*

**I understand the statements as listed above and also that this service is offered only to the Cheerleaders currently enrolled in the USA Stars Program and is NOT legally affiliated with the USA Stars Organization. This authorization is effective only for the date as listed by me above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/legal guardian/person having legal custody) (Circle relationship)

The fee for this service is \$30.00 per visit and I understand payment is due at the time of service. I understand that my cheerleader will NOT be seen or treated without this form being completed for EACH and EVERY treatment. Parental attendance is not required.

Today's visit is being paid by  cash  check  credit/debit card

#### **Credit Card Information**

Credit Card Type:  MasterCard  VISA  Discover      Expiration Date: MM/YYYY \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_  
Please print

3 digit security number from back of card (last three digits) \_\_\_\_\_

Amount authorized to apply to card at this time      \$ \_\_\_\_\_

I hereby authorize Gildea Chiropractic (dba as Gildea Holistic Health and Wellness) to use the information as listed above to make a one time transaction on my credit card for the amount as I specified above. I agree that the information above is true and accurate to the best of my knowledge and that I have full authorization and rights to use the credit card as listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date