



Legal Guardian Consent

PATIENT NAME: _____ DOB: ___/___/___

I, _____, LEGAL GUARDIAN OF _____, GIVE
PERMISSION TO ELITE WELLNESS TO TREAT _____ IN MY
ABSENCE.

PARENT /GUARDIAN PRINTED NAME: _____

SIGNED: _____ DATE: ___/___/___

WITNESS: _____ DATE: ___/___/___