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**PARENTAL CONSENT FOR TREATMENT AND CARE OF MINORS**

I, \_\_\_\_\_, being the parent and/or legal Guardian of the  
Print adult name

minor age child, \_\_\_\_\_, DOB: \_\_\_\_\_  
Print child's name

hereby give consent for necessary or appropriate treatment and care by the health care providers affiliated with **BREVARD THERAPY AND PHYSICAL MEDICINE**, which may include, without limitation, arranging for and/or authorizing consultation, evaluation, referral, treatment, for the above-named minor.

This consent shall remain in effect unless it is revoked in writing.

Signed this day \_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_  
Print Name Sign Name

Relationship to minor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\*Please attach a copy of the parent/guardian valid ID or driver's license to this consent form.