

**MINOR AUTHORIZATION**

**SPINE AND SPORTS INSTITUTE**

9325 Upland Lane N. Suite 230

Maple Grove, MN 55369

I being the parent, guardian, or custodian of the minor being \_\_\_\_\_, age \_\_\_\_\_, do hereby authorize, request, and direct the doctor and staff to perform examinations, diagnostic x-rays, laboratory tests, and any treatment that in their judgment is deemed advisable or is required while said minor is under care of Spine and Sports Institute. All charges for services and care given to said minor will be charged directly to myself and I will be personally responsible for payment of them. I hereby authorize the doctor to release all information necessary to secure payments of benefits. I authorize the use of this signature on all insurance submissions and/or requests pertaining to the said minor's physical condition, including, but not limited to, all records, reports, progress notes, reports of diagnostic tests, x-rays and/or medical opinions.

_____
Parent, Guardian, or Custodian Signature
_____
Relationship
_____/_____/_____
Date