

CONSENT TO TREATMENT OF MINOR CHILD

I hereby authorize:

Dr. _____

And whomever he or she may designate as assistants to administer chiropractic care as deemed necessary to my _____ (indicate relationship of child).

(Name of Child)

Dated at _____, _____ this _____ day of
(City) (State)
_____, 200__.

Signed: _____
(Parent or Guardian)

Witnessed: _____