



## 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 \_\_\_\_\_ (city), \_\_\_\_\_ (state)

this \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

Parent or Guardian Signature \_\_\_\_\_

Witnessed: \_\_\_\_\_