

CONSENT TO TREAT A MINOR

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 _____, 20_____

Signed: _____

(Parent or Guardian)

Witnessed: _____