

CONSENT TO TREATMENT OF MINOR CHILD

I hereby authorize Dr. _____ and whomever he or she may designate as his/her assistants to administer chiropractic care and diagnostic testing as he/she deems necessary to my _____.

_____ (name of child)

Dated at _____ (city) _____ (state)

this _____ day of _____, 20 _____.

Signed: _____
(Parent or Guardian)

Witness: _____