

## 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: \_\_\_\_\_

**Consent To Treatment Of Minor Child**