



## Consent to Treat a Minor

I hereby authorize Dr. \_\_\_\_\_ and whomever he/she may designate as assistants to administer chiropractic care as deemed necessary to my \_\_\_\_\_ (indicate relationship with child), \_\_\_\_\_ (name of child).

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Witness