



GROVE
SPINE & SPORTS CARE
CENTER FOR SPORTS INJURIES, CHIROPRACTIC & PHYSICAL THERAPY

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