



**COMPREHENSIVE CHIROPRACTIC
& SPORTS PERFORMANCE**

CONSENT TO TREATMENT OF MINOR CHILD

I hereby authorize Dr. _____ and/or his/her associates and whomever he may designate as his assistants to administer chiropractic and/or medical care as he/she deems necessary to my _____ (indicate relationship). I attest that I have full legal rights to this consent as legal parent/guardian.

Name of Child

Dated at: _____, _____
City State

this _____ day of _____, 20_____.

Printed Name of Parent/Legal Guardian: _____

Signed: _____

(Parent or Legal Guardian/Relationship to Patient)