

CONSENT FOR TREATMENT OF MINOR

I (WE) BEING THE PARENT, GUARDIAN OR CUSTODIANS OF _____
A MINOR, THE AGE OF _____, DO HEREBY AUTHORIZE REQUEST AND DIRECT DR. _____ TO
PERFORM IN HIS JUDGEMENT ANY NECESSARY EXAMINATION, XRAY, AND CHIROPRACTIC TREATMENT
FOR THE CONDITION.

PARENT, GUARDIAN, CUSTODIAN

DATE:

PARENT, GUARDIAN, CUSTODIAN

DATE:

WITNESS

WITNESS