

Hunter Family Chiropractic
CONSENT TO TREATMENT OF MINOR CHILD

I, being the parent or legal guardian, hereby authorize Dr. _____
and whomever he/she may designate as assistants to administer treatment as deemed
necessary to: _____

NAME

Dated at _____ this _____ day of _____, 19 _____

Signed: _____

Print Name: _____

Relationship to Patient: _____

Witnessed by: _____