



## Consent to Treatment of Minor Child

I hereby authorize:

Dr. \_\_\_\_\_ and whomever he or she may designate as assistants, to administer chiropractic care as deemed necessary to my \_\_\_\_\_ (indicate relationship of child), \_\_\_\_\_.

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

Signed: \_\_\_\_\_

Witnessed: \_\_\_\_\_