

CONSENT TO TREAT A MINOR CHILD

I hereby authorize the doctors of BACK to Health Chiropractic of Oregon, and whomever they may designate as assistants to administer chiropractic care as they deem necessary to my \_\_\_\_\_(indicate relationship of child)

Name of child \_\_\_\_\_

Dated at \_\_\_\_\_, \_\_\_\_\_

City

State

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

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

(parent or guardian)

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