

Consent to Treatment of Minor Child

I hereby authorize Dr. Myers and whomever he may designate as his assistants to administer chiropractic care as he deems necessary to my

_____ **(indicate relationship of child).**

Name

Dated at _____, _____
City State

This _____ **day of** _____, **20** _____.

Signed: _____
Parent or Guardian

Witnessed by: _____