



CHIROPRACTIC SOLUTIONS

CONSENT TO TREATMENT OF MINOR

I (We) being the parent of guardian of _____,
a minor, the age of ____ do hereby consent, authorize, and request Dr. _____
to administer such treatment deemed advisable, necessary or requested on the above minor.

I (We) agree to hold him free and harmless from any claims, suits for damages or complications which may result from
such treatment.

PARENT OR GUARDIAN

Date

WITNESS

Date