Anderson Chiropractic

Consent To Treatment of Minor Child

I hereby authorize Dr. Susan Anderson, D.C. of Anderson Chiropractic and whomever she may designate as assistants and/or locum doctor to administer chiropractic care as deemed necessary to:

Name of minor child _____

Dated _____

Signed _____

(Parent/legal guardian/custodian)

Relationship to child _____

Witness _____

This Consent shall remain in effect until the minor person reaches eighteen years of age who has not been and is not married and/or revoked in writing by the Parent/legal guardian/custodian.