

CONSENT TO TREATMENT OF MINOR CHILD

I hereby authorize Michael A. Shimmel, D.C., and whomever he may designate as assistants, to administer chiropractic care as deemed necessary to my _____ (indicate relationship of child).

(Full name of child)

Dated at _____, _____
(City) (State)

this _____ day of _____, 20_____.

Signature: _____
(Parent of Guardian)

Printed Name: _____

Witnessed: _____

Printed Witness Name: _____