



## Consent For Treatment Of Minors

I (We) being parent, guardian, or custodian of \_\_\_\_\_,  
a minor the age of \_\_\_\_\_, do hereby authorize, request and  
direct Dr. \_\_\_\_\_ to perform any exams, x-rays and Upper  
Cervical chiropractic treatment for their condition as he/she deems necessary.

\_\_\_\_\_  
Parent, Guardian, or Custodian

\_\_\_\_\_  
Date