



***CONSENT TO TREATMENT  
OF MINOR***

I hereby authorize:

New Life Chiropractic Center, P.C. and whomever he or she may designate as assistants to administer

Chiropractic Care as deemed necessary to my \_\_\_\_\_ (indicate relationship of minor/ child), \_\_\_\_\_  
Name of Child/ Minor

Dated at: \_\_\_\_\_  
City State\

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signed: \_\_\_\_\_  
(Parent or Guardian)

Witnessed: \_\_\_\_\_

**Consent to Treatment of Minor**