

Edward J. Mascali, DC
140 Vann St., Suite 400
Marietta, GA 30060
770.427.8877

Consent for Treatment of a Minor

Child's/Ward's Name _____

I, _____, the parent or guardian of the above listed patient, hereby authorize and direct Dr. Edward Mascali to perform chiropractic examination and treatment for my child/ward born on the _____ day of _____, _____.

** This consent will remain in force until revoked by me or my appointed agent.

Printed Name

Signature

Date

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Date Revoked _____ Signed _____