

Edward J. Mascali, D.C.  
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Marietta, GA 30060  
(770) 427-8877

Consent for Treatment of a Minor:

Child's Name: \_\_\_\_\_

I, \_\_\_\_\_ the parent or guardian of  
minor child, \_\_\_\_\_, hereby  
authorize and direct Dr. Edward J. Mascali to provide Chiropractic Examination  
and Treatment for my child, born on the \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\*\* Further, I authorize the following people to stand-in for me on behalf of my  
above-named child and to have the same authority to make health decisions as I.

Name:

\_\_\_\_\_

.....

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date