Edward J. Mascali, D.C. 140 Vann Street, Suite 400 Marietta, GA 30060 770.427.8877

Consent for treatment of a minor:

Child's Name:	
I,	, the parent or guardian of the
minor child,	, hereby authorize
and direct Dr. Mascali to perf	form chiropractic examination and
treatment for my child born o	on the day of,
Printed Name	
Signature	 Date