

## CONSENT TO TREATMENT OF A MINOR

I, being the lawful parent or guardian of (minor's name) \_\_\_\_\_  
a minor the age of \_\_\_\_\_, do hereby give consent, authorize and request Dr. Brian  
Daniels of Daniels Chiropractic Office, to administer chiropractic treatment deemed  
advisable, necessary or requested on the above minor.

Parent  
Signature: X \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / 20 \_\_\_

Minor's Date of Birth \_\_\_ / \_\_\_ / 20 \_\_\_