

Consent For Treatment Of A Minor Child

I hereby authorize Dr. Craig L. Barcomb and whomever he may designate as his assistants to administer chiropractic care as he deems necessary to my _____. (Indicate relationship to child)

Child's Name _____

Dated at _____, _____
(City) (State)

this _____ day of _____, 2009

Signed _____

Witnessed _____
(Parent or Guardian)

