

Midtown Medical Park • 1217 East Avenue South, Suite 304, Sarasota, FL 34239 • 941.362.2000 • 941.362.9114 fax

## **Consent For Treatment Of A Minor Child**

I hereby authorize Dr.	Craig L. Barcomb and whomever he may d	esignate 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)
		(Falent of Guardian)