



CONSENT TO TREAT A MINOR CHILD

I hereby authorize the Drees Family & Sports Chiropractic clinic and whom ever may be designated as assistants, to administer treatment (including x-rays) as deemed necessary to my son/daughter, \_\_\_\_\_.

I authorize the release of my son or daughters name to his or her school in the form of a release from activities or a certificate of treatment verifying he or she was seen in our office.

This consent shall remain in effect until it is revoked. Request must be made in writing.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(Date) (Month)

Signed: \_\_\_\_\_  
(Parent or Guardian)

Witnessed: \_\_\_\_\_