

# Chiropractic Health & Wellness Center

711 E. Walnut St. Suite 106 - Pasadena CA 91101  
Phone: (626) 356 9045 Fax: (626) 356 9047

## CONSENT TO TREAT MINORS

I, \_\_\_\_\_ give authorization to Dr. Porrás Millennium Chiropractic Services Inc. and his staff to provide chiropractic/medical care to my child \_\_\_\_\_ born on \_\_\_\_\_.

If there are any problems and/or questions I can be reached at the following address and telephone number:

Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Office: \_\_\_\_\_

In my absence, the following adults are authorized to bring my child:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
Date: \_\_\_\_\_ Witness: \_\_\_\_\_