Consent Form for Treatment of a Minor

I authorize **Tianne A. Pape D.C, M.S.** to provide medically necessary Chiropractic

Treatments to: _____.
Print Name of Patient

Parent/ or Legal Guardian: _____ Date: _____
Print Name of Parent/Guardian

Signature of Parent/Guardian: _____ Date: _____
Signature of Parent/Guardian

Witness: _____ Date: _____