

CONSENT TO TREATMENT OF MINOR CHILD

I hereby authorize Dr. Mary Beth Minser, Dr. Tammy Fimrite, Dr. Katherine Leither or Dr. Krista Blomdahl and whom they may designate as their assistants to administer treatment as they so deem necessary to _____ dated at Minser Chiropractic Clinic this _____ day of _____ 20 _____

Parent or Guardian Signature