

CONSENT TO TREATMENT OF MINOR CHILD

I hereby authorize:

Dr. Scott Howard and whomever he or she may designate as assistants to administer chiropractic care as deemed necessary to my \_\_\_\_\_ (indicate relationship of child). \_\_\_\_\_

(Name of child)

Dated at Lubbock, Texas, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

Signed: \_\_\_\_\_

(Parent or guardian)

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

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