



BLUESTONE CHIROPRACTIC

Consent to Treatment of Minor Child

I hereby authorize: Dr. _____ and whomever he may designate as assistants to administer chiropractic care as deemed necessary to my

(indicate relationship of child)

(indicate name of child)

Dated at _____, AZ this _____ day of _____, 200__

Signed: _____
(Parent or Guardian)

Witnessed: _____