

Consent to Treat a Minor Child

I hereby authorize Dr. Christopher Passalacqua/Dr. Justin Berlin and whomever he may designate to administer chiropractic care as he deems necessary to my _____ (indicate relationship to child).

Name: _____ Date: _____

City: _____ State: _____

Signature: _____
(Parent or Guardian)

Witnessed: _____

COMMITTED TO SERVING YOU!!!