

VanNess



Chiropractic • Massage • Rehabilitation

CONSENT TO TREATMENT OF MINOR CHILD

I hereby authorize:

Dr. Jason Van Ness 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 _____ day of _____ 20_____

Signed: _____ (Parent or guardian)