

CONSENT TO TREATMENT OF MINOR CHILD

I hereby authorize:

Dr. Kevin Sharp and whomever he may designate as assistants to administer chiropractic care as

deemed necessary to my _____, _____.

Relationship of Child

Name of Child

Dated at _____, _____ this _____

City

State

day of _____, 20 _____.

Signed: _____

Witnessed: _____