

**CONSENT TO TREATMENT OF MINOR CHILD**

I hereby authorize Dr. Christopher Sigillo  
or whomever he may designate as assistant to  
administer chiropractic care as deemed necessary  
to my son/daughter.

(Name of child) \_\_\_\_\_

Dated at Brockport New York

This \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

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

Witness: \_\_\_\_\_