

# **ENHANCED CHIROPRACTIC AND FITNESS**

## **CONSENT TO TREATMENT OF A MINOR CHILD**

\_\_\_\_\_  
(Date)

I hereby authorize the Doctor's of Enhanced Chiropractic and Fitness and whomever they may designate as assistants or technicians, to administer Chiropractic and Ancillary Care to \_\_\_\_\_, who is my son / daughter. I also authorize my son / daughter to sign any patient documents in regards to their care at Enhanced Chiropractic and Fitness.

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Child's Age

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Witness Printed Name