



Informed Consent to Treat a Minor

I HEREBY AUTHORIZE:

Dr. John Joyce and whomever he may designate as assistants to administer chiropractic care as deemed necessary to my _____(Relationship of child) ,

(Name of Child)

Dated at _____

(City) (State)

this _____ **Day of** _____, **20** _____

Signed: _____

(Parent or guardian)

Witnessed: _____