

**CONSENT TO TREATMENT OF MINOR CHILD**

I hereby authorize Dr. Manes and/or Dr. Agostino and whomever he/she may designate as his/her assistants to administer treatment as he/she so deems necessary to my \_\_\_\_\_, \_\_\_\_\_.

Dated at Complete Chiropractic Health this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

Witnessed: \_\_\_\_\_