

CONSENT TO TREATMENT OF MINOR CHILD

I hereby Authorize:

Dr. Allen Kowarski and whomever he may designate as assistants to administer chiropractic care as deemed to my _____,

Name of Child

Dated at _____
City State

this _____ day of _____ 20 _____.

Signature of Parent or Guardian _____

Parent or Guardian please print your name here _____

Signature of Witness _____

Witness please print your name clearly here _____