



St. Ansgar
CHIROPRACTIC

CONSENT TO TREAT MINOR CHILDREN

Please print all information

I, _____, parent or legal guardian of

_____, born

_____ (birth date), do hereby consent to chiropractic care that has been determined by a physician to be necessary for the welfare of my child while said child is under the care of St. Ansgar Chiropractic, and I am not reasonably available.

Signature of Parent or Legal Guardian

Date: _____

This consent form should be taken with the child to the physician's office when the child is taken for treatment.