



CONSENT TO TREATMENT OF A MINOR

I, being the lawful parent or guardian of _____
a minor the age of _____, do hereby give consent, authorize and request Dr. Brian
Daniels of Daniels Chiropractic Office, to administer chiropractic treatment deemed
advisable, necessary or requested on the above minor.

Parent
Signature: X _____ Date: ___/___/20___

Print name: _____