



## CONSENT TO TREATMENT OF MINOR CHILD

I hereby authorize Dr. Clay Danielson and whomever he may designate as his/her assistants to administer treatment as he/she so deems necessary to my

\_\_\_\_\_, \_\_\_\_\_

Informed consent for chiropractic care has been reviewed with the legal guardian of the above minor child.

Dated at Barnesville Chiropractic this \_\_\_\_\_ Day of

\_\_\_\_\_, \_\_\_\_\_.

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

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

423 Front Street North  
PO Box 724  
Barnesville, MN 56514