

KRUEGER FAMILY CHIROPRACTIC

CONSENT TO TREAT MINOR

I hereby authorize Krueger Family Chiropractic of Oshkosh, and whomever they may designate as doctors and assistants to examine and administer treatments as they do deem necessary to my Son / Daughter, _____

(circle one)

(child's full legal name)

I authorize Krueger Family Chiropractic of Oshkosh, and said Doctors and Assistants to treat the above listed child in the absence of my presence under normal office visit circumstances.

(parent / guardian signature)

(date)

(parent / guardian printed name)