

**CONSENT TO TREAT A MINOR**

I hereby authorize the doctors at Premier Chiropractic Centers of Mill Run  
and whomever they may designate as assistants to administer treatment  
as they deem necessary to my child \_\_\_\_\_,  
DOB \_\_\_\_\_.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
relationship

\_\_\_\_\_  
Witnessed by

\_\_\_\_\_  
Date