

# Consent to Treat a Minor

Durham Family Chiropractic

I hereby authorize:

Dr. Stephen M. Wrinn, and whomever he may designate as assistants to administer chiropractic care as deemed necessary to my \_\_\_\_\_.  
(son or daughter)

\_\_\_\_\_  
(Full Name of Child)

Dated at \_\_\_\_\_, \_\_\_\_\_  
(City) (State)

on \_\_\_\_\_.  
(day of week/ month/ date/ year)

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

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

Printed Witness name: \_\_\_\_\_