

**Family Chiropractic Wellness Center  
110 Columbia Point Drive  
Richland, WA 99352**

## **CONSENT TO TREAT A MINOR**

**I hereby authorize the Doctor(s) at Family Chiropractic Wellness Center in Richland, WA and whomever he/she designate as their assistants to administer treatment as they so deem necessary to**

\_\_\_\_\_  
**(Name of minor)**

\_\_\_\_\_  
**Parent or Guardian Print Name**

\_\_\_\_\_  
**Witness Name**

\_\_\_\_\_  
**Parent or Guardian Sign Name**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Date**