

CONSENT TO TREAT A MINOR

Herring Chiropractic
15817 Bernardo Center Dr #105
San Diego, CA 92127

858-674-7200

I hereby authorize the Doctors and staff of Herring Chiropractic to administer treatment as deemed necessary to my minor child.

Date: _____

Patients name: _____

Parent or guardian signature: _____

Witnessed by staff: _____