

CONSENT TO TREATMENT OF MINOR

I (we) being the parent of guardian of _____, a minor, the age of _____, do hereby consent, authorize and request Dr. Gerckens to administer such treatment deemed advisable, necessary or requested on the above minor.

I (we) agree to hold him free and harmless from any claims or suits for damages or complications which may result from such treatment.

Signed _____
Parent or guardian

Date _____

Witness _____

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