

Consent to Treatment of Minor

I (We) being the parent or guardian of _____, a minor, the age of _____ do hereby consent, authorize, and request the Doctors of Champion Performance Chiropractic Rehab and whomever they may designate as assistants to administer treatment deemed advisable, necessary, or requested on the above named minor. I intend this consent form to cover the entire course of treatment for this child's present or any future condition(s) for which I seek treatment for this child.

I agree to hold Champion Performance Chiropractic Rehabilitation free and harmless from any claims, suits, or damages or complications which may result from such treatment.

Signed: _____
Parent or Guardian

Date: _____

Witness: _____