

## CONSENT TO TREAT MINOR

I hereby authorize Daniel C. Fry, D.C., and whomever he may designate as assistants, to administer chiropractic care as deemed necessary to:

Name of minor: \_\_\_\_\_

Relationship to minor: \_\_\_\_ mother \_\_\_\_ father \_\_\_\_ legal guardian

Name of signer: \_\_\_\_\_  
please print name

Signature: of signer: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

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