

CONSENT OF TREATMENT OF A MINOR CHILD

I hereby authorize Dr. Michael J. O'Connor and the employees of Community
Chiropractic Care, to administer chiropractic services as deemed necessary to
_____, my son/daughter (circle one, specify if different).

Child's Name

Child's Name

City/State where document was signed

Date

Parent/Guardian Signature

Date

Witness Signature

CONSENT OF TREATMENT OF A MINOR CHILD

I hereby authorize Dr. Michael J. O'Connor and the employees of Community
Chiropractic Care, to administer chiropractic services as deemed necessary to
_____, my son/daughter (circle one, specify if different).

Child's Name

Child's Name

City/State where document was signed

Date

Parent/Guardian Signature

Date

Witness Signature