

Anatomy Power Wellness Studio

Consent to Treat a Minor

Today's Date: _____

Child's Name: _____ Child's Age: _____ Birth Date: _____

I am the parent of above child. I do hereby consent, authorize, and request the doctors at Anatomy Power Wellness Studio to administer chiropractic treatment(s) deemed advisable, necessary, and requested for the above named child.

I agree to hold Anatomy Power Wellness Studio and the doctors free and harmless from any claims or suits for any complications which may result from such treatment.

Signature: _____

Print Name: _____

Parent or Guardian