

BUTZIN CHIROPRACTIC CLINICS, P.L.L.C.
2050 Chesley Dr., Suite 2 Sterling Heights, MI 48310

CONSENT TO TREATMENT OF A MINOR

I, _____, hereby authorize:

Butzin Chiropractic Clinic to administer Chiropractic care as deemed necessary to my

_____ (indicate relationship of child) _____

(full name of child).

Dated this _____ day of _____, 20____.

Signed: _____

(Parent or Guardian)

Witnessed: _____