



CONSENT TO TREAT A MINOR CHILD

2105 E. Clairemont Avenue, Eau Claire, WI 54701
Phone: (715) 835-9514 Fax: (715) 835-2602

I hereby authorize the Chiropractors at Stucky Chiropractic Center, S.C. to administer treatment as deemed necessary to my:

- ☐ Son
- ☐ Daughter
- ☐ Dependent

Patient Name: _____

Parent or Guardian Signature: _____

Date: _____

Witnessed By: _____