

**CONSENT TO TREATMENT OF MINOR CHILD**

I hereby authorize:

Dr. William I. Melby and whomever he may designate as assistants to administer chiropractic care as deemed necessary to

my \_\_\_\_\_ (indicate relationship of child),

\_\_\_\_\_  
(Name of Child)

Dated at Union Grove, WI this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_\_.

**Effective through individual's 18<sup>th</sup> birthday**

Signed: \_\_\_\_\_  
(Parent or guardian)

Witnessed: \_\_\_\_\_

Melby Chiropractic Clinic, SC

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