



Mountain View Chiropractic

Featuring Dr. Renee Haberl

CONSENT TO THE TREATMENT OF A MINOR CHILD

I, _____, parent/legal guardian of _____;
hereby authorize Dr. Renée Haberl and whomever she may designate as her assistants
to administer treatment as she deems necessary to _____.

Parent or Legal Guardian Name

Patient Name

Parent/Legal Guardian Signature

Date

Staff Signature

Date