



### **Consent for Treatment of a Minor**

I hereby authorize Dr. Eric Blum, Dr. Ryan Rubin and whomever they may designate as their assistant(s), to perform diagnostic tests and render chiropractic adjustments and other treatment to my minor son/daughter \_\_\_\_\_.

This authorization extends to all other doctors, trainers and staff members.

Guardian Name (print): \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_