

Grosman Chiropractic

3625 E. Thousand Oaks Blvd., #168
Westlake Village, CA 91362
(805) 558-0286

Consent to Treat a Minor

I, _____,
(name and relationship to child under 18 years) authorize the doctors
of Grosman Chiropractic to examine and subsequently provide
appropriate treatment for my son/daughter, _____,
(name of child)

I realize that treatment and exam procedures may also be performed
by assistants, but under the direction of the doctors
of Grosman Chiropractic.

Signature: _____ Date: _____