

## **CONSENT TO TREAT A MINOR**

I hereby authorize Infinite Health Chiropractic & Wellness Center and its doctor(s) to administer care as they deem necessary to my son/daughter.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

I realize that I am responsible for all fees charged by this clinic and that I will pay for all services as they are performed. X-rays remain the property of this clinic.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian