

DAY CHIROPRACTIC CLINIC, P.S.

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John W. Day, D.C. Timothy J. Day, D.C. Stephen F. Renner, D.C. Wayne M. Fichter, Jr., D.C.

CONSENT TO TREATMENT OF MINOR CHILD

I hereby authorize Dr. _____ and whomever he may designate as his
associate to administer chiropractic treatment as they so deem necessary to my minor
child _____, date of birth _____.

Date _____

Print Patient Name _____

Signature of parent/guardian _____

Print parent/guardian name _____