



5105-A Backlick Road
Annandale, VA 22003
Office: 703-642-8685
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Consent to Treat a Minor

I, _____, authorize the chiropractors

NAME AND RELATIONSHIP TO CHILD UNDER 18 YEARS

and/or massage therapists of Positively Chiropractic and Dynamic Kinesiology to

examine and subsequently provide appropriate treatment for my son/daughter,

_____.

NAME OF CHILD

Name (print): _____

Signature: _____

Date: _____