

Peninsula Chiropractic Center, Inc.

331 Kentucky Street
Sturgeon Bay, WI 54235

Telephone 920/743 • 6919
Fax 920/746 • 0619

Consent to Treatment of Minor Child

I hereby authorize Peninsula Chiropractic Center, Inc. and whomever they may designate to administer treatment as they so deem necessary to my son daughter (circle one)

(name of child)

Dated in Sturgeon Bay, Wisconsin this _____ day of _____, _____
(Date) (Month) (Year)

Signed: _____

Witness: _____