

*Family & Sports  
Chiropractic Group*



1185 Arthur Street Eugene, OR 97402  
(541) 343-7076

## CONSENT FOR TREATMENT OF MINOR CHILD (PARENT/LEGAL GUARDIAN)

I, \_\_\_\_\_, Parent/Legal Guardian for minor child,  
\_\_\_\_\_ hereby authorize Blair Chiropractic Family &  
Sports Chiropractic Group to administer treatment as deemed necessary to  
the above named individual.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date Signed