



# *ProActive Chiropractic, P.C.*

## CONSENT TO TREATMENT OF A MINOR

I hereby authorize Dr. Mayfield and Dr. Cates and whomever they may designate as their assistant(s) to administer chiropractic care as they deem necessary to my \_\_\_\_\_ (relationship),  
(name) \_\_\_\_\_ .

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

Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_