

Chico Chiropractic Center
Consent to Treatment of a Minor

I (we) being the parent or guardian of _____, a
minor the age of _____, do hereby consent, authorize and request Dr. Gary
Weddell, DC, to administer such treatment deemed advisable, necessary or
requested on the above minor.

I (we) agree to hold Dr. Gary Weddell free and harmless from any claims, suits for
damages or complications which may result from such treatment.

Parent or Guardian

Date

Witness _____