

**Stubbendieck Chiropractic & Rehabilitation Centers**

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**CONSENT TO TREATMENT OF MINOR CHILD**

I hereby authorize **Dr. Mark J. Stubbendieck Inc.** to administer treatment as they so deem necessary to

\_\_\_\_\_  
\_\_\_\_\_

Today's Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Witness: \_\_\_\_\_