

## CONSENT TO TREATMENT OF MINOR

I [We] being the parent or legal guardian of \_\_\_\_\_, a minor, the age of \_\_\_\_\_ do hereby consent, authorize and request Dr. Theodore J. Martinez, D.C. to administer such treatment deemed advisable, necessary or requested on the above minor.

I [We] agree to hold him free and harmless from any claims, suits for damages or complications which may result from such treatments.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Initials

\_\_\_\_\_  
Date