



STRATEGIC HEALTH
C H I R O P R A C T I C

Consent to Treatment of Minor

I (We) being the parent or guardian of _____,
a minor, the age of _____ do hereby consent, authorize, and request
Strategic Health Chiropractic & Massage, LLC to administer such treatment
deemed advisable, necessary or requested on the above minor.

I (We) agree to hold Strategic Health Chiropractic, LLC free and harmless
from any claims, suits for damages or complications which may result from
such treatment.

Signed: _____
Parent or Guardian

Date: _____