

**Deere Road Chiropractic, Ltd.**

5202 38<sup>th</sup> Avenue  
Moline, IL 61265  
(309) 736-7400

**CONSENT TO TREATMENT OF MINOR CHILD**

I hereby authorize Dr. \_\_\_\_\_ and  
whomever she may designate as her assistants to administer treatment as she so deems  
necessary to my \_\_\_\_\_,  
(son, daughter) (name)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(date) (month) (year)

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

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