

## CONSENT TO TREATMENT OF MINOR CHILD

I,	, hereby authorize Dr. Fritz Mesilien, D.C. and		
whomever he any designat	tes as his assistants to	o adn	ninister treatment as he
deems necessary to my		,	(Son / Daughter, etc.)
	(Patient's Name)		
Signed:			
Relationship to patient:			
Date:			
Witness:			