David R. Flood D.C.
David R. Kelbel D.C.
2907 Mall Dr
Eau Claire, WI 54701

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CONSENT FOR TREATMENT OF A MINOR

By my signature, I herby authorize ClearWater Chiropractic to treat _____, which includes, but is not limited to: examination, x-rays (if deemed necessary by the doctor), spinal adjustments and any adjunctive therapies the doctor deems necessary. I understand that by signing this form I the parent or guardian am financially responsible for any expenses incurred by my son/daughter at ClearWater Chiropractic. I understand that the doctors will discuss my son/daughter's care with me. I further understand that this consent will remain in effect until the expiration date and if no expiration date is listed, this consent is open and non-ending.

Name of Parent/Guardian: _____

Signature of Parent/Guard:_____

Date: _____