

Consent to Treatment of a Minor

I _____ being the parent with custodial rights or legal guardian of _____ a minor, the age of _____ do hereby consent, authorize and request Dr. William P. Gallagher, Jr., DC to administer such treatment deemed advisable, necessary or requested on the above named minor.

I agree to hold Dr. Gallagher and his staff free and harmless from any claims, suits for damages or complications which may result from such treatment.

Signed: _____ Date: _____

Witness: _____