

# CLIFTON J. CLENDENAN, D.C., P.C.

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## CONSENT OF TREATMENT OF MINOR CHILD

I hereby authorize Dr. Clifton J. Clendenan D.C. and whomever he may designate as his assistants to administer chiropractic care as he seems necessary to my \_\_\_\_\_ (indicate relationship of child).

\_\_\_\_\_  
Name

\_\_\_\_\_  
City & State where this was signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature