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# CREECH CHIROPRACTIC

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*OFFICIAL CHIROPRACTOR FOR CAMPBELL UNIVERSITY ATHLETICS*

## CONSENT TO TREATMENT OF MINOR CHILD

I, \_\_\_\_\_, hereby authorize David C. Creech, D.C. and  
whomever he any designates as his assistants to administer treatment as he deems  
necessary to my \_\_\_\_\_, \_\_\_\_\_.  
(Son / Daughter, etc.) (Patient's Name)

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

Relationship to patient: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_