

High Desert Chiropractic

9179 G Avenue
P.O. Box 401707
Hesperia, Ca. 92340
(760) 244-0035

CONSENT TO TREATMENT OF MINOR

I/We, being the parent or guardian of _____, a minor, do hereby consent, authorize and request Dr. Jamie L. Wiegel, D.C. to administer such treatment deemed advisable, necessary or requested on the above minor.

Parent or Guardian Signature

Parent or Guardian Name (Please Print)

Date