

Tracy & Keim Chiropractic, LLC
1000 River Rd
Eugene, OR 97404
P. 541.689.0935
F. 541.461.6884

CONSENT TO TREATMENT OF MINOR CHILD

I hereby AUTHORIZE Dr.'s Richard Keim, Sharell Tracy, and/or Megan Wagner, and whomever they may designate as their assistants to administer treatment as they deem necessary to my:

Son/Daughter _____

(Child's name)

Date _____

Name of parent: _____

Signature: _____

Witness: _____