



# Minor Consent Form

I hereby give Dr. Gregory Mendiaz permission to provide Chiropractic care for

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In my presence or absence, they shall be permitted to perform those services they feel necessary, including but not limited to, examination, x-ray, spinal adjustment, or any other therapy.

Parent/Guardian Name: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

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

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