

Consent For Treatment

of a Minor Child

I, being the parent, guardian or custodian of _____,
a minor, do hereby authorize, request and direct Kent D. Vanderslice, D.C. and his designated assistants
to perform, any necessary examination, x-ray, chiropractic treatment and therapy he deems necessary for
the condition.

Parent/Custodian or Guardian

Date

Witness

Date