

Dr. William L. Krieger  
Chiropractor  
5225 Sheridan Drive  
Williamsville, NY 14221  
(716) 633-6044

## CONSENT TO TREATMENT OF MINOR CHILDREN

I hereby authorize Dr. Krieger, Chiropractor and whomever he may designate as his assistants to administer chiropractic care as he deems necessary to my \_\_\_\_\_ (indicate relationship of child).

Child's name: \_\_\_\_\_ dated at Williamsville, NY  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signed: \_\_\_\_\_ (parent or guardian)

Print name: \_\_\_\_\_ (parent or guardian)

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