

Kristen M. Deligans-Wayman, DC
Doctor of Chiropractic
3409 Post Oak Crossing
Sherman, Texas 75092

Consent for Treatment of a Minor

Date: _____

Patient's Name: _____

To Whom It May Concern:

Due to circumstances beyond my control, I am unable to be on site for each treatment being administered to my child, therefore I am giving permission to Kristen M. Deligans-Wayman, DC to treat my minor child.

Signature of Parent/Guardian

Witness