

*Bay Oaks Chiropractic*

Dr. Joel D. Duchon  
17080 Highway 3  
Webster, Texas 77598  
281-557-5525

**CONSENT FOR TREATMENT OF MINOR CHILD**

I hereby authorize Dr. Joel D. Duchon and whomever she may designate as her assistants to administer treatment as she deems necessary to my son or daughter named \_\_\_\_\_.

This consent shall remain in force throughout the duration of his/her treatment.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 200\_\_\_\_\_.

SIGNED: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

\_\_\_\_\_  
**DO NOT WRITE BELOW THIS LINE**  
\_\_\_\_\_

WITNESS: \_\_\_\_\_