CONSENT TO TREAT MINOR CHILDREN and CHILDREN UNDER 19

I, _____, parent or legal guardian of _____,

age ____ born the ____ day of _____, 20____ do hereby consent to any chiropractic and/or acupuncture treatment determined by Erich J. Landen, D. C. to be necessary for the welfare of my child when I am not present at my child's appointments.

This authorization is effective from the ____ day of _____, 20____. This consent will remain active until I provide written notification to terminate consent.

_____ _____

Signature of Parent or Legal Guardian **Date**

(Please fill out a form for each child under the age of 19).