



# Chiropractic Offices of Gonstead, Stangl, and Arkowski LLCs

Dr. MJ Gonstead  Dr. Melissa Stangl  Dr. Lisa Arkowski  Dr. Jennifer Gonstead

503 E. Clairemont Ave ♦ Eau Claire, WI 54701 ♦ (715) 832-2223

## CONSENT TO TREATMENT OF MINOR CHILD

I, \_\_\_\_\_, hereby authorize:

Dr. MJ Gonstead  Dr. Melissa Stangl  Dr. Lisa Arkowski  Dr. Jennifer Gonstead  
to administer chiropractic care as deemed necessary to my:

son daughter , \_\_\_\_\_  
(Circle one) (Minor's name)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Parent/Guardian Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

I consent to my child being treated when I, \_\_\_\_\_ am not present.

Signature: \_\_\_\_\_