



**Kershen Chiropractic, P.A.**

Dr. Russell R. Kershen

Dr. Tyson Neill

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[KershenChiropractic.com](http://KershenChiropractic.com)

## Consent for Treatment of Minor

I (We) being the parent, guardian of \_\_\_\_\_  
a minor the age of \_\_\_\_\_. I do hereby authorize, request, and direct  
Dr. Russell R. Kershen or Dr. Tyson A. Neill to perform in their judgment  
any necessary examination, X-ray, and chiropractic treatment for the condition.

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Parent, Guardian or Custodian

Dated

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Parent, Guardian or Custodian

Dated

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Witness

Witness