

HONRBERGER CHIROPRACTIC CENTER
JOSEPH P. HORNBERGER, M.S., D.C., P.A.
4001 SWIFT RD
Sarasota, FL 34231

CONSENT TO TREATMENT OF A MINOR

I hereby authorize any licensed doctors associated with Hornberger
Wellness & Chiropractic to administer treatment as they so deem
necessary to my child, _____ . Dated at
on this _____ day of _____ (month), _____ .

Parent or Guardian's Name _____

Signature _____

Date _____