



**Milton Chiropractic
& Rehabilitation, Inc.**



BAY STATE
PHYSICAL THERAPY

Consent to Treat a Minor

I, _____, authorize the doctors
(name and relationship to child under 18 years)

and/or physical therapists of Milton Chiropractic and Rehabilitation and/or Bay
State Physical Therapy to examine and subsequently provide appropriate treatment
for my son/daughter, _____.
(name of child)

I realize that treatment and exam procedures may also be performed by assistants,
but under the direction of the doctors and physical therapists of Milton
Chiropractic and Rehabilitation and Bay State Physical Therapy.

Name (print) _____ Signature _____ Date _____