



**DR. DANIEL P. BANNARD**

915 Kildaire Farm Rd. #4

Cary, NC 27511

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**CONSENT FOR TREATMENT OF MINOR**

Date: \_\_\_\_\_

I hereby authorize Dr. Daniel P. Bannard and whomever he may designate as assistants to administer examinations and Chiropractic care as deemed necessary to the following patient/minor: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian/ Date

\_\_\_\_\_  
Witness/ Date

REMARKS: