

**Dr Christian Cho B.S., D.C., C.C.S.P.**  
Certified Chiropractic Sports Physician

### TREATMENT AUTHORIZATION FOR A MINOR

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I, \_\_\_\_\_ (parent / guardian's name), authorize Dr. Christian Cho, DC to perform chiropractic evaluation and treatment on \_\_\_\_\_ (patient's name).

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

**Printed Name of Parent or Guardian:** \_\_\_\_\_