



Christian Cho, DC, CCSP

Certified Chiropractic Sports Physician
Cox Technique Certified
Certified Posture Exercise Professional

TREATMENT AUTHORIZATION FOR A MINOR

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: _____