



White Eagle Health & Wellness, Inc.

Christopher Pietrzyk D.C.
1276 Chicago Ave., Suite 100
Naperville, IL 60540

Office 630-210-1363

CONSENT TO TREAT A MINOR

I request and authorize Dr. Pietrzyk, his staff and whomever he may designate as his assistants to administer Chiropractic care and Physical therapy services as he deems necessary to:

NAME OF CHILD: _____ DATE OF BIRTH: _____

City: Naperville State: Illinois

Signed this _____ day of _____, 20____
(month) (year)

Parent or Guardian Signature (this consent is valid for 1 year from date signed)

Date

Witnessed By

****A copy of this form may serve as an original****