



**SAMUEL E. CARR, D.C., P.C.**  
**2815 S. Alma School Rd. #119**  
**Mesa, AZ 85210**  
**(480) 812-9727 – Phone**  
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***CONSENT TO TREATMENT  
 OF MINOR CHILD***

I hereby authorize *Samuel E. Carr, DC, PC* and whomever they designate as assistants to administer care as deemed necessary to my

\_\_\_\_\_, \_\_\_\_\_  
 (indicate relationship) (name of child)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signed: \_\_\_\_\_  
 (Parent or Guardian)

Witnessed: \_\_\_\_\_