



Barneveld Family Chiropractic, LLC
Dr. Kimberly Horsfall, D.C.

Consent for Treatment of Minor

I, being the parent, guardian or custodian of _____, a minor, the age of _____, do hereby authorize, request and direct Dr. Kimberly Horsfall to perform, in her judgement, and necessary examination, X-ray, and chiropractic treatment for the condition.

Print Parent or Guardian name

I acknowledge receipt of a copy of Notice of Privacy Practices, and my understanding and my agreement to its terms.

***Barneveld Family Chiropractic, LLC
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Barneveld, WI 53507
ph 608.924.2424 fax 608.924.2424***