

**Dr. Donald A. Ozello DC
Championship Chiropractic
8871 W. Flamingo Rd. Suite 202
Las Vegas, NV 89147
702 286-9040**

CONSENT TO TREAT A MINOR

I _____ the parent/legal guardian of
_____ give my permission for
Doctor Donald A. Ozello DC to treat the above named minor.

Parent/Legal Guardian Name

Parent/Legal Guardian Signature

Date