



The OM Center
Bibhu R. Misra, D.C., M.Sc., Dr. Hannibal Hervey, DC

Permission to Treat Minor Child

Date: _____

I, _____, parent of minor child _____

DOB ____/____/____, hereby give Misra Chiropractic permission to treat my child,
even when I am not physically present.

Signature

Witness