**CENTENNIAL WELLNESS CENTER**

**7910 W. TROPICAL PARKWAY, SUITE 110 LAS VEGAS, NV 89149**

**PHONE (702) 458-2225 FAX (702) 396-4536**

**CONSENT TO TREAT A MINOR**

I hereby authorize the staff of *CENTENNIAL WELLNESS CENTER* to administer treatment, as deemed necessary, to my son/daughter,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor’s Name

For the injuries he/she sustained as a result of an accident/injury on

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name