



10225 W. Higgins Rd ▪ Rosemont, IL 60018 ▪ (847) 825-2278  
www.castwellness.com

### Consent to Treatment of a Minor

I hereby authorize Steve Eickenberg, DC and/or his designee, to administer treatment as he deems necessary to my son/daughter.

\_\_\_\_\_  
Name of Minor (please print)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 202\_.

\_\_\_\_\_  
Name of Parent/Legal Guardian (please print)

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Witness Signature