

**Village Family Chiropractic**  
**Dr. William B. DiGregorio**  
58 Main Steet. Route 131  
Sturbridge, Ma 01566  
(508) 347-2266

**INFORMED CONSENT TO TREAT MINOR CHILD**

I hearby authorize Dr. William B. DiGregorio to administer treatment to my  
son/daughter (name) \_\_\_\_\_

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

Date: \_\_\_\_\_ Witness \_\_\_\_\_