

*Leo M. Kenney, D.C., C.C.S.P., F.A.C.O., C.I.C.E., C.D.E. I, D.A.B.F.P., D.A.B.C.C.*

**Certified Sports  
Chiropractor**

American Chiropractic Board of  
Sports Physicians

**Board Certified  
Chiropractic  
Orthopedist**

American Board of Chiropractic  
Orthopedics

Fellow of the Academy of  
Chiropractic Orthopedists

**Certified  
Independent  
Chiropractic  
Examiner**

American Board of Independent  
Medical Examiners

**Certified Disability  
Examiner I**

National Association of Disability  
Examining Professionals

Commission on Disability Examiner  
Certification

1999 Recipient of the  
Robert W. Sandell, DC, CDE I  
Certification Award

**Board Certified  
Forensic  
Chiropractor**

Diplomate of the American Board of  
Forensic Professionals

Member, Council on Forensic  
Sciences

**Diplomate,  
American Board of  
Chiropractic  
Consultants**

Member, American College of  
Chiropractic Consultants

**Fellow of the  
International College  
of Chiropractors**

**Consent to Treat a Minor**

I hereby authorize Leo M. Kenney, DC, FACO, and whomever he may designate as his assistants, to examine and administer treatment to my  son  daughter \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date