

PARKER CHIROPRACTIC

6210 N. Beltline, Suite 155 Irving, Tx 75036

Phone 972-751-9966 Fax 972-751-5300

Consent to Treatment of Minor Child

I hereby authorize:

Dr. _____

and whomever he or she may designate as assistants, to
administer chiropractic care as deemed necessary to my
_____ (indicate relationship of child),

(Name of Child)

Dated at _____

(city)

(state)

this _____ day of _____, 20 _____

Signed: _____

(Parent or guardian)

Witnessed: _____