

Wellness Chiropractic

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TREATMENT OF MINOR CHILD CONSENT FORM

I, _____, hereby authorize Michael Aker, D.C., Sarah De Preter D.C., and Jennifer Talbert D.C., and whomever they may designate as assistants to administer treatment as they so deem necessary to:

(name/relationship)_____.

DATE: _____

SIGNATURE: _____

WITNESS: _____