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Clinic Name

CONSENT TO CHIROPRACTIC CARE OF MINOR CHILD

Date: _____

I hereby authorize Dr. Fred Schofield, D.C. and whomever he may designate as his assistant(s) to administer chiropractic care as he deems necessary for my minor child, _____.
(Full name of child)

Dated at Atlas Chiropractic Center

This _____ day of _____, 20__.

Signed _____
(Parent Guardian)

Witness: _____