



## 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: \_\_\_\_\_