



CONSENT TO TREAT A MINOR

I hereby authorize:

Dixon center of Chiropractic and whomever they may designate as assistants to administer chiropractic care as deemed necessary to my _____ .
(Indicate relationship of child)

(Name of child)

Signed: _____
(Parent or Guardian)

Witnessed: _____

Dated on: _____ 20 _____ .

Located at: 211 Old Hickory Blvd.
Nashville, TN 37221