



*Alternative Chiropractic, Acupuncture
& The Healthy Life Center*

Consent for Treatment of Minor

Today's Date: _____

I hereby authorize:

Dr. Derrick W. Denman Dr. Amy C. Denman Dr. Bryan Edmiston

and whomever he/she may designate as assistants to administer examinations, chiropractic, and naturopathic care as deemed necessary to:

Minor Patient's Name Number

Signature of Parent or Guardian Date

Witness Date

Remarks:

