



Arctic Chiropractic

2243 Jordan Avenue

Juneau, AK 99801

Phone: (907) 790-3371, Fax: (907) 790-2102

CONSENT TO TREATMENT OF MINOR CHILD

I, _____,
(Parent name)

Hereby authorize Dr. _____ and whomever he
or she may designate as assistants to administer chiropractic care as deemed
necessary to my _____ (indicate relationship of child),

(Name of child)

Signed: _____
(Parent or Guardian)

Date: _____

Witnessed: _____