

HEARTLAND CHIROPRACTIC



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Monticello, GA 31064
706-468-6500 PH 706-468-5497 fax

CONSENT TREATMENT OF MINOR CHILD WHEN NOT ACCOMPANIED BY PARENT

I, _____ hereby authorize Heartland Chiropractic to
(Parent or Legal Guardian)

administer chiropractic care as deemed necessary to _____
(Child's name)

Child may be brought by _____
(Please print name & relationship to child)

Child may be brought by _____
(Please print name & relationship to child)

No one other than myself

Signed: _____ Date: _____