

BACK IN MOTION CHIROPRACTIC

2850 WESTSIDE DRIVE NW

SUITE A

CLEVELAND, TN. 37312

CONSENT TO TREAT A MINOR

I, _____, parent or legal guardian of
_____, born the ___ day
of _____, 20___ do hereby consent to chiropractic care
while said child is under the care of David T. Rahamut DC.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

WITNESS SIGNATURE

WITNESS NAME (PLEASE PRINT)