

CONSENT TO TREATMENT OF MINOR CHILD

Lifeline Chiropractic
5920 Hwy. 5 North, Suite 7
Bryant, Arkansas 72022

Dr. Melanie Griffin
Doctor of Chiropractic

I hereby authorize Dr. Melanie Griffin and whomever she may designate as her assistants to administer treatment as she so deems necessary to my child,
_____.

Dated at _____ this
_____ day of _____, 20_____.

Signed: _____

Witnessed: _____