

Northwoods Family Chiropractic

202 W. Adams Street
Iron River, MI 49935
906-265-9000

337 Superior Avenue
Crystal Falls, MI 49920
906-874-0111

PERMISSION TO TREAT A MINOR

I, _____, parent or legal guardian(s) of

_____, do hereby authorize this clinic and its doctors to administer chiropractic care to my child, as they deem necessary, while my child is under the care of others or I am not present at the time.

Parent or legal guardian's name

Patient or legal guardian's signature

Witness's signature

_____/_____/_____
Date (effective on file or unless revoked earlier in writing)