



Dr. Dwight L. Agee
Dr. Scott A. Kennedy
Dr. Jason E. Pate

CHIROPRACTIC CENTER, P.C

CONSENT TO TREATMENT OF A MINOR CHILD

I hereby authorize _____ and whomever he
may designate as his assistants to administer treatment as he so deems necessary to
my _____, _____.

Date: _____

Authorized Signature: _____

Witness: _____