

CONSENT TO TREAT A MINOR



**DIXON CENTER FOR INTEGRATIVE HEALTH
+ HARPETH VALLEY HEALTH CENTER**
211 + 213 OLD HICKORY BLVD. • BELLEVUE, TN 37221



**DIXON CENTER FOR
INTEGRATIVE HEALTH CARE**

Andrew Dixon, DC • Christy Diaz, DC • Jason Payne, DC

I hereby authorize Dixon Center for Integrative Health Care, and whomever they may designate as assistants, to administer chiropractic care as deemed necessary to my:

_____, _____
relationship to minor *name of minor*

Signed: _____ Date: _____
parent or guardian signature

Witnessed: _____
witness printed name *witness signature*

HARPETH VALLEY HEALTH CENTER

Tamera Thoener, FNP-C • Kimin Huang, AGNP-C
Wellness Practitioner Kelli Thomas



I hereby authorize Harpeth Valley Health Center, and whomever they may designate as assistants, to administer medical care as deemed necessary to my:

_____, _____
relationship to minor *name of minor*

Signed: _____ Date: _____
parent or guardian signature

Witnessed: _____
witness printed name *witness signature*