



CONSENT TO TREAT A MINOR

I hereby authorize:

Dixon Center of Chiropractic or Harpeth Valley Health Center and whomever they may designate as assistants to administer chiropractic treatment, medical treatment, or massage therapy as deemed necessary to my _____.
(Relation of minor)

Please note for massage therapy, patient's 16 years of age or under must have a parent or legal guardian present in the room during the massage.

(Name of Child)

Print Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Relationship to Minor

Date

Witness

Date

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