

Wellness Chiropractic

20 East Blue Hill Road
P. O. Box 326
Blue Hill, ME 04614

Michael W. Aker, D.C., Dipl.Ac(AACA)
Nicole Colson, D.C.
Sarah De Preter, D.C., C.C.W.P
Josh Underwood, DAT, LAT

Tel: 207.374.2186
Fax: 207.374.5235

TREATMENT OF MINOR CHILD CONSENT FORM

I, _____ (parent/guardian),

hereby authorize Michael Aker D.C., Dipl Ac(AACA), Nicole Colson D.C., Sarah De Preter D.C., C.C.W.P., Josh Underwood DAT, LAT, and whomever they may designate as assistants, to administer treatment as they so deem necessary to:

(name/relationship) _____.

DATE: _____

SIGNATURE: _____

WITNESS: _____