

# Wellness Chiropractic

20 East Blue Hill Road  
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Michael W. Aker, DC, Dipl.Ac(AACA)  
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## TREATMENT OF MINOR CHILD CONSENT FORM

I, \_\_\_\_\_ (parent/guardian),

hereby authorize Michael Aker, DC, Dipl Ac(AACA), Sarah De Preter DC, CCWP, Joshua Underwood, DAT, LAT, and whomever they may designate as assistants, to administer treatment as they so deem necessary to:

(name/relationship) \_\_\_\_\_.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

WITNESS: \_\_\_\_\_