



Georgia Chiropractic, L.L.C.
2705 Highway K
O'Fallon, MO 63368
636-978-6995

Consent to Treatment of Minor Child

I hereby authorize Georgia Chiropractic, L.L.C. to administer treatment, as they so deem necessary to my _____, whose name is: _____
_____.

Date: _____

Signed: _____

Witness: _____