

CRAIG D. COOK, D.C.



PROCARE SPORTS CHIROPRACTIC

TREATMENT OF MINOR CHILD

CONSENT TO TREATMENT OF MINOR CHILD

I hereby authorize Craig D. Cook, D.C., and whomever he may designate as assistants to administer chiropractic care as deemed necessary for my _____, _____.
(minor's relationship to parent or guardian) (minor's full legal name)

Date: _____ City: _____ State: _____

Signature of Parent or Guardian: _____

Signature of Witness: _____

Craig D. Cook, D.C.

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