

# AUTHORIZATION TO TREAT A MINOR

**A &M Chiropractic  
4012 S.W. Green Oaks Blvd  
Arlington, Texas 76017  
817-572-0072**

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

**This is to certify that A&M Chiropractic has my permission to administer chiropractic care as deemed necessary to my child or dependant,**

\_\_\_\_\_  
**Minor's Name**

\_\_\_\_\_  
**Parent or Legal Guardian**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Treating Doctor**