

Johnson Family Chiropractic

Dr. Kent Johnson, DC, CC
Dr. Teresa D'Aversa Johnson, DC
282 East Maiden Street
Washington, Pa. 15301
(724) 222-9355

Permission To Treat a Minor

I, _____, give my permission for Dr. Johnson and Dr. D'Aversa and their staff to treat my minor child, _____, in a way they see necessary, as explained to me in the doctor's recommended treatment plan.

Parent (or Guardian) Signature

Date

Witness