


Dr. John T. Duke, M.S., D.C.
Duke Health and Wellness – Chiropractic Care
1455 Bell Ferry Rd. Ste 200
Marietta, GA 30066
770-693-0707

PARENTAL CONSENT FORM

A few terms you may find helpful in the care of your child;

CHIROPRACTIC SPINAL ADJUSTMENTS: A Chiropractic technique utilized to clear subluxations from the body. Subluxation will be defined as misaligned or dysfunctional (kinesiopathology) spinal joints that cause biomechanical and spinal nerve interference. Chiropractic adjustments improve spinal function and nerve function, thereby improving overall body function.

EXTREMITY MANIPULATION: A technique utilized to restore proper joint function to an injured/painful/dysfunctional extremities. (Ex: shoulder, elbow, wrist), (Ex: talus, tibia, patella...) – kinetic chain dysfunction.

SUBLUXATION: The condition of a vertebrae which has lost its proper juxtaposition with the one above, below or both; to the extent less than a luxation which obstructs spinal nerve function and interferes with the maintenance and restoration of health.

No minor athlete will be provided care by the Doctor until a Parental Consent Form is signed by parent/legal guardian and returned. Thank you.

I/We hereby grant permission for our child to receive treatment as necessary for the health and well-being of the student named below.

Student / Athlete: _____

Parent / Guardian: _____

Address: _____

Email: _____

Phone: _____ Date: _____

Parent / Guardian Signature: _____

Contact us: www.drdukechiro.com

