

Gainesville Chiropractic Center



Dr. Kevin B. Wheeler

314 North Grand Ave. PH: 940-665-7656
Gainesville, TX 76240 FX: 940-665-7674

CONSENT TO TREATMENT OF MINOR CHILD

I hereby authorize Gainesville Chiropractic Center / Dr. Kevin B. Wheeler and whomever he may designate as assistants to administer chiropractic care as deemed necessary to my _____ (indicate relationship),

(Name of Child)

Dated at Gainesville Texas
(City) (State)

this _____ day of _____, 20_____.

Signed: _____
(Parent or Guardian)

Witnessed: _____

CONSENT TO TREATMENT OF MINOR CHILD