



HYLAND FAMILY CHIROPRACTIC

"Achieving Wellness Naturally"

240 S. Main Street, Monroe, OH 45050 513-360-2930

www.HylandFamilyChiro.com

MINOR CONSENT FORM

I, _____ authorize Hyland Family Chiropractic Doctors and staff

to render care for my minor child, _____ (Name & Birthdate)

Parent / guardian signature

Date

Witnessed