CHIROPRACTIC & MASSAGE OF NORTH PORT

14942 Tamiami Trl Ste L North Port, FL 34287

Chiropractorinnorthport.com
Ph: 941-564-8083
Fax: 941-564-6248

MINOR CONSENT FORM

I, _____ authorize Chiropractic & Massage of North Port and staff to render care for

my minor child, _____.

_____ _____
Parent / guardian signature Date

_____
Witnessed