

Dr. Michael J. Meath
2730 Carpenter Rd. Suite 3

Ann Arbor Chiropractic Wellness Center
Consent for Treatment of a Minor

I hereby authorize Dr. Michael J. Meath and whomever he may designate as his assistant(s) to administer chiropractic care as he deems necessary to the minor.

Name of Minor

Date

Name of Guardian (Print)

Signature of Guardian

Witness Signature