

**FINLEY CHIROPRACTIC CENTER
112 WAGNER STREET
PO BOX 835
TROUTMAN, NC 28166
704-528-9119**

CONSENT TO TREATMENT OF MINOR CHILD

I hereby authorize Dr. R. Douglas Finley and whomever he may designate

as assistants to administer chiropractic care as deemed necessary

to my _____ (indicate relationship of child),

_____ (name of child).

Dated at Troutman, NC this _____ day of _____, 20____.

Signed: _____ (Parent of Guardian)

Witnessed: _____