



**Adjusted Health**  
CHIROPRACTIC

15175 S. DIXIE HWY, MONROE, MI 48161

[www.adjustedhealthchiro.com](http://www.adjustedhealthchiro.com) (734) 244-4285

## MINOR CONSENT FORM

I, \_\_\_\_\_ authorize ADJUSTED HEALTH CHIROPRACTIC

Doctors and staff to render care for my minor child, \_\_\_\_\_.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed

\_\_\_\_\_  
Date