



**BIG IDEA FAMILY
CHIROPRACTIC**

3450 Acworth Due West Rd., NW • Suite 330 • Kennesaw, GA 30144
678-574-5227 • fax 678-574-5223

CONSENT TO TREATMENT OF MINOR CHILD

I _____, hereby authorize: Dr. Gomez, DC

And whomever she may designate as assistants to administer

chiropractic care as deemed necessary to my _____

(indicate relationship of child),

(Name of Child)

Dated at _____ _____
(City) (State)

This _____ day of _____, 20 _____

Signed: _____
(Parent or Guardian)

Witnessed: _____