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## **Consent to Care For Minor Child**

I hereby authorize Acton Family Chiropractic, and whomever she/he/they may designate as assistants to administer chiropractic care as she/he/they deems necessary to my child/minor/ward.

\_\_\_\_\_  
Name of Minor Patient

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

\_\_\_\_\_  
Signature of Witness