

**SMITH FAMILY CHIROPRACTIC & WELLNESS, LLC
JASON M. SMITH, D.C.**

CONSENT TO CARE FOR MINOR CHILD

**I hereby authorize Jason M. Smith, D.C., and whomever he may designate as his assistants
to administer chiropractic care as he deems necessary to my _____,
(son or daughter)**

(NAME)

**Dated at _____, _____
(CITY) (STATE)**

this _____ day of _____, 20____ .

**Signed _____
(PARENT OR GUARDIAN)**

Witnessed _____