

RAPIDS CHIROPRACTIC  
MINOR CONSENT FORM

I AUTHORIZE DR. ROSS REYNOLDS, AND WHOMEVER  
HE MAY DESIGNATE TO ADMINISTER TREATMENTS  
AS HE DEEMS NECESSARY TO MY  
CHILD, \_\_\_\_\_ DATED AT RAPIDS  
CHIROPRACTIC ON \_\_\_\_\_, 20\_\_\_\_.

SIGNED \_\_\_\_\_