Gala Davis
Family Chiropractic Center
427 Highway 74 North
Peachtree City, GA 30269
(770) 486-8777 Fax (770) 486-0049

CONSENT FOR CARE OF MINOR

As parent/guardian of ____,
I do hereby authorize and request Dr. Gala Davis to perform any necessary examinations, x-rays, and chiropractic care.

____ __________________________
Signature of Parent/Guardian Date

____
Print name of parent/guardian

____ __________________________
Witness Date