

*Rose City Chiropractic Clinic, P.C.*

3292 N. M-33  
P.O. BOX 27  
ROSE CITY, MI 48654  
989-685-2631

**CONSENT TO TREATMENT OF MINOR CHILD**

I hereby authorize:

Kendall R. Paulson, D.C., Alexis M. Wangler, D.C., and locum tenens chiropractic physicians and assistants they may designate, to administer chiropractic care and examinations, therapies, and radiographic studies as deemed necessary.

My son / daughter / other relation (please circle one).

\_\_\_\_\_  
(Name of Child)

Dated in ROSE CITY MICHIGAN  
(City) (State)

on this \_\_\_\_\_ day of \_\_\_\_\_.

Signed: \_\_\_\_\_

Witnessed: \_\_\_\_\_