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## Parental Consent Form

I, \_\_\_\_\_, being the parent/legal guardian (circle one)  
of \_\_\_\_\_, do hereby grant permission for him/her to  
receive care from the Doctors of Chiropractic at Network Family Wellness Center. This  
would include, when necessary, standard spinal analysis, appropriate assessment  
procedures and spinal adjustments.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date