

Dr. Kenneth D. Pace, D.C.

*3227 Williams Blvd.
Kenner, LA 70065
(504) 305-6565
FAX (504) 305-6622*

CONSENT FOR TREATMENT OF A MINOR

I hereby authorize Kenneth D. Pace, D.C. and whomever he may designate as his assistants to administer chiropractic care as he deems necessary to my son/daughter.

MINOR CHILD'S NAME _____

PARENT/GUARDIAN'S NAME _____

DATED AT: Kenner, La 70065 this _____ day of _____ 20 ____.

Signed: _____

Witnessed: _____