



Cunningham Chiropractic PC
George Cunningham, D.C.
Callan Carnahan, D.C.
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www.CunninghamChiropractic.com
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Minor Consent Form

I _____ (Parent or Guardian's Name),
Authorize the performance of Chiropractic diagnostic and therapeutic procedures for
_____ (Patient's Name), to be performed by George Cunningham,
D.C. or Callan Carnahan, D.C. and his staff.

I consent to the performance of those procedures that they consider are necessary or advisable
in the course of _____ (Patient's Name), health care.

Signed: _____ (Parent or Guardian's Name)

Date: _____

Witness: _____

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