



Cunningham Chiropractic PC
210 Old Bridge Street, East Syracuse, NY 13057
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 Cunningham
Chiropractic, P.C. 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: _____

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