



**21740 S. Tamiami Trail #103, Estero FL, 33928**

**Esterofamilychiropractic.com  
239-676-9116**

## **MINOR CONSENT FORM**

I, \_\_\_\_\_ authorize Estero Family Chiropractic  
Doctors and staff to render care for  
my minor child, \_\_\_\_\_.

\_\_\_\_\_  
Parent / guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed