

MINOR INFORMATION SHEET

Full Name: _____

FAMILY: *Please fill out parent's names or legal guardian if applicable.*

Mother's Name: _____

Father's Name: _____

Legal Guardian's Name: _____

Authorization of Care of Minor:

I hereby authorize Fetcho Family Chiropractic and its' doctor (s) to administer care as they deem necessary to my son/daughter/ward (upon approval of parent or guardian).

Date: ____/____/____

Mother's Signature: _____

Father's Signature: _____

Mother's Phone: _____ Father's Phone: _____

Mother's Cell: _____ Father's Cell: _____
