

Zimmermann Chiropractic and Wellness Center, LLC
700 Lake Avenue
Manchester, NH 03103
603-668-7070

**Consent for Chiropractic Treatment
of a Minor Child**

I _____ , the Mother, Father, Legal Guardian of
_____ consent to the rendering of
care, including diagnostic procedures, x-rays and treatment given by Dr. Zimmermann
and employees of Zimmermann Chiropractic and Wellness Center, LLC.

I acknowledge that I am responsible for all reasonable charges in connection with care and
treatment rendered.

I have read this form and certify that I understand its contents.

Signature: _____
Parent or Legal Guardian

Date: _____

Witness: _____

Date: _____