



## Parental Permission

As the legal parent/guardian of \_\_\_\_\_, I hereby give my permission to Dr. Brandon M. Tanner to render chiropractic care to the above named minor. (A minor is defined as any dependent under the age of eighteen (18)).

PARENT/GUARDIAN SIGNATURE

DATE

\_\_\_\_\_

\_\_\_\_\_

WITNESS

DATE

\_\_\_\_\_

\_\_\_\_\_