

**JAMES KRUMPAK DC DABCO
CHIROPRACTOR
1714 BOARDMAN-POLAND RD.
POLAND, OH 44514
(330) 757-1151**

AUTHORIZATION TO TREAT A MINOR

I hereby authorize Dr. James J. Krumpak III, DC, and whomever he may designate as his assistants, to administer chiropractic care as he deems necessary to my son/daughter,

_____.

Date: _____

Parent or Guardian: _____

Witness: _____