



Dr. David Zak

208 S.E. 3rd Street ♦ Lee's Summit, MO

(816) 525-9900

I hereby authorize Dr. David Zak and whomever he may designate as his assistants to administer Chiropractic care as they deem necessary to my _____

(Indicate relationship of child).

Name of child

Dated at _____, _____
city state

this _____ day of _____, _____
month year

parent or guardian

witness