

CONSENT TO TREATMENT OF A MINOR

Cornerstone Chiropractic Clinic-13470 N 83rd Ave, Ste 302-Peoria, AZ 85381-623-249-7141 Jessica J Haug, DC

I hereby authorize:

Dr. Jessica J. Haug

And whomever she may designate as assistants to administer
Chiropractic care as deemed necessary to my _____
(indicate relationship of child), _____.

Name of child

Dated at _____, _____
City State

This _____ day of _____ 20_____.

Signed: _____
Parent or Guardian

Witnessed: _____