

Fraser Valley Chiropractic, Inc.

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Consent to Treat A Minor

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I hereby authorize Dr. Jill M. Hutter, D.C. and whomever she may designate as an assistant to administer chiropractic care and any other additional services as deemed necessary to my son/ daughter, \_\_\_\_\_

(Name Of Child).

Dated on the \_\_\_\_\_ day of \_\_\_\_\_(month), \_\_\_\_\_(year) in  
\_\_\_\_\_(city) of Colorado.

Signature of Parent or Guardian: \_\_\_\_\_

Dr. Jill M. Hutter D.C.  
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