



Fraser Valley Chiropractic, Inc.

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## Consent To Treat A Minor

I hereby authorize Dr. Jill M. Hutter, D.C. and whomever she may designate as an assistant to administer chiropractic care 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: \_\_\_\_\_