

Fraser valley chiropractic, Inc.

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 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: _____