Healthworks Therapy & Nutrition Center, 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 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: ______________________________________

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