



CONSENT TO TREATMENT OF MINOR CHILD

I hereby authorize:

Dr. Chris Gubbels and whomever he may designate as assistants to administer chiropractic care as deemed necessary to my _____ (indicate relationship of child), _____ (name of child).

Dated at Gubbels Chiropractic and Wellness center in Fort Collins, CO on this _____ day of _____, 20____.

Signed: _____
(Parent or guardian)

Witnessed: _____