1907

CONSENT TO TREATMENT OF MINOR CHILD

Date _____

I hereby authorize:

Dr. George Stretch, DN, DAOM, LAc, DAAPM, DNBAO

and whomever he or she may designate as assistants to administer naprapathic care as deemed necessary to my

_____ (indicate relationship of child)

_____

(name of child)

Dated at _____ _____

(city) (state)

this _____ day of _____ , 20 _____

Signed _____

(Parent or guardian

Witnessed _____

Elgin Naprapathic Healthcare
and Pain Management Clinic

Dr. George Stretch, DN, DAOM,
LAc, DAAPM, DNBAO
Naprapath / Acupuncturist

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