CORNERSTONE CHIROPRACTIC
& ACUPUNCTURE
SHEP A. PHILLIPS, D.C.
ANDREA GALLAGHER, D.C.
1044 S. 88TH ST. STE.100
LOUISVILLE, CO 80027

CONSENT TO TREATMENT OF A MINOR CHILD

I hereby authorize Dr. Andrea Phillips, Dr. Shep A. Phillips and whomever he/she may designate as assistants to administer chiropractic care as deemed necessary to my

_____ (please indicate relationship to child),

_____

(Name of minor)

Dated at Louisville, Colorado, this _____ day of

_____, 20_____.

_____

(Signature of Parent or Guardian)

Witness:_____