

JACKSON HIGHLEY, M.A., D.C.
DR. LISA M. NELSEN, P.L.L.C.
STEPHEN W. KONGS, D.C.
2029 James Street, Bellingham, WA 98225
(360) 676-4488

Consent to Treatment of Minor Child

I hereby authorize Jackson Highley, M.A., D.C. and/or Lisa M. Nelsen and whomever he may designate as assistants to administer chiropractic care as deemed necessary to my:

_____ (indicate relationship ie. son/daughter)

_____ (Name of Minor Child)

dated at Bellingham, Washington this _____ day of _____, 20_____.

Parent/Guardian Signature _____

Parent/Guardian Printed Name _____

Date _____

Witness Signature _____

Date _____