

JACKSON HIGHLEY, MA, DC
DR. LISA M. NELSEN, PLLC
STEPHEN W. KONGS, DC
SEAN MARCELLA, DC
2029 James Street, Bellingham, WA 98225
(360) 676-4488

Consent to Treatment of Minor Child

I hereby authorize Jackson Highley, MA, DC, Dr. Lisa M. Nelsen, PLLC, Stephen W. Kongs, DC, and/or Sean Marcella, DC and whomever they 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____.

Patient Date of Birth _____

Parent/Guardian Signature _____

Parent/Guardian Printed Name _____

Date _____

Witness Signature _____

Date _____