



GOOD HEALTH NATURALLY, PLLC

Mark J. Blessley, N.T.S., B.S., D.C.

CONSENT TO TREATMENT OF A MINOR CHILD

I hereby authorize:

Good Health Naturally, PLLC and whomever they may designate as assistants to administer care as deemed necessary to my _____ (indicate relationship of child—son / daughter).

_____ **DOB:** _____
Name of Child

Signed and dated at 3606 Main Street, Suite 205, Vancouver, WA 98663, this
_____ day of _____ (month), 200_____.

Signed: _____
(Parent or Guardian)

Witnessed: _____
(Office Staff)

Chiropractic Physician Natural Therapeutics Specialist

3606 Main St. Suite 205, Vancouver, WA 98663 (360) 693-7781 Fax: 693-1688 Cell 9.10-11.12
drbles@healthonline.us www.healthonline.us