

StoneRidge Chiropractic

107 South 1470 East Suite 102 St. George, UT 84790 Phone 435-652-4476 Fax 435-674-2408

Justin W. Salmon, DC - Brian T. Richey, DC - T. Brock Kesterson, DC

CONSENT TO TREATMENT OF A MINOR CHILD

I hereby authorize StoneRidge Chiropractic, the Doctors and whomever is designated as an assistant, to administer treatment as is deemed necessary to my son or daughter, _____.

Dated at St. George, Utah this _____ day of _____, 20__.

Parent/Guardian

Witness