



Relief Today,
Better Health Tomorrow

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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).

Name of Child _____ Date of Birth _____

Signed and dated at 3606 Main Street, Suite 205, Vancouver, WA 98663, this

_____ (day) _____ (month) _____ (year)

Signed:

(Parent or Guardian)