

Consent To Treat Minor in the Absence of a Parent

As the parent or legal guardian, I, _____
hereby give consent to Dr. Karissa Rasmussen, D.C. to provide chiropractic care
deemed necessary for the welfare of my child, _____
born _____, while said child is under her care.

This authorization is effective from the date of signature until revoked by the
parent or guardian.

Signature of Parent or Legal Guardian

Date

Witness

Date