

Center for

Advanced Bodywork

2030 Blue Mesa Court, Loveland, CO 80538 970-663-6501

Consent to Treatment of Minor

I(We) being the parent or guardian of _____, a minor,
the age of _____ do hereby consent, authorize and request the providers and/or therapists
at the Center for Advanced Bodywork to administer such treatments/examinations
deemed advisable, necessary or requested on the above minor.

Signed _____ Date _____
(parent or guardian)

Witness _____