

MINOR PERMISSION

Dr. Terri Cooper, DC., CCSP, Dipl Acu

Dr. Catherine Cooper, DC, QNCP

Dr. Catherine Heberling-Marentez, DC

Dr. Julie Emmert, DC

I hereby give permission to the doctor to administer treatment and perform such general procedures as he/she may deem necessary in the diagnosis and/or treatment of my child's condition.

The child's name is

Signature of Parent

Date
