



**Relief Today,  
Better Health Tomorrow**

**Dr. Mark J. Blessley, N.T.S., B.S., D.C.  
Dr. Roger A. Barnick, B.S., D.C.**

**3606 Main St. Suite 205  
Vancouver, WA 98663  
(360) 693-7781  
[www.healthonline.us](http://www.healthonline.us)  
[ghn@healthonline.us](mailto:ghn@healthonline.us)**

## **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)