Argonne Integrative
MEDICINE

Dr. John Goldfeldt
Argonne Integrative Medicine
826 N. Mulland Rd. Ste #B
Spokane, WA 99206
(509) 928--8550

CONSENT TO TREATMENT OF MINOR

I hereby authorize:

Dr. Goldfeldt and whomever he designate as assistants, to administer

Chiropractic care as deemed necessary to my _____ (Indicate relationship of child)

_____ (Name of Child)

Dated at Spokane WA this _____ day of _____.

Signed: (Parent of Guardian) _____

Witnessed: _____