



AMADOR VALLEY CHIROPRACTIC
HEALTH CENTER
PHONE 925-484-0191

148 Ray Street, Suite A
Pleasanton, CA 94566
FAX: 925-484-0194

CONSENT FOR TREATMENT OF A MINOR

I hereby consent to the treatment of _____
a minor child under the care of Dr. George Kirk, Dr. Lisa Hom Kirk or Dr. Scott
Riley at Amador Valley Chiropractic Center.

Date: _____

Signature of parent or guardian (circle)