

Quantum Healing  
CONSENT TO TREATMENT OF A MINOR CHILD

I hereby authorize Dr. Steven Smith and whomever he may designate as assistants to administer treatment as deemed necessary to my \_\_\_\_\_, \_\_\_\_\_.  
son, daughter, etc. Name

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

Signed: \_\_\_\_\_  
Parent or guardian

Witnessed: \_\_\_\_\_