

Healing Tree Family Practice, LLC

Dr. Jeri Lynn Otterstrom

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CONSENT TO TREATMENT OF MINOR CHILD

I HEARBY AUTHORIZE, Dr. Jeri Lynn Otterstrom, and whomever she may designate as her assistant to administer treatment as she deems necessary to my:

Son/Daughter _____

(Child's name)

Date _____

Name of parent: _____

Signature: _____

Witness: _____