



Manitou Waters Naturopathic Clinic
205 John St, Manitou Beach, SK S0K 4T1

CONSENT TO TREATMENT OF A MINOR

I, _____, do hereby authorise Sussanna Czeranko N.D.,
Naturopathic Doctor, to examine and administer Naturopathic care to my

(indicate relationship).

(Name of child or minor)

Dated in Manitou Beach in the province of Saskatchewan, this _____ day of
_____, 20 .

Signed: _____

Witness: _____