

Summit Performance Nutrition LLC

6156 Rockville Drive

Colorado Springs, CO 80923

Jenna Moore, Registered Dietitian

(719) 684-5754

Parent/Guardian Permission to Treat a Minor

I, _____ grant permission to Jenna Moore, RD
(Parent/Guardian name)

to treat the minor _____
(Name of minor receiving nutrition services)

in the absence of my presence. I also agree to be financially responsible for payment of all charges in connection with the care and treatment rendered.

Parent/Guardian Signature **Date**

Emergency contact: _____
(if different from above) **Name** **Phone**