

# Consent To Treat a Minor Child

I, the undersigned, being of full age and being the parent, guardian or legal representative authorized as such, do hereby consent and allow the below named healthcare professionals and whomever they may designate as their assistants to administer care as they deem necessary to

\_\_\_\_\_  
(name of child)

my relationship to the minor being (circle one)

parent   guardian   authorized legal representative

Dated at \_\_\_\_\_,  
(city) (state)

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

If you understand and accept the foregoing, please sign on the line provided below:

Signed: \_\_\_\_\_

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

Chiropractor On Wheels, LLC  
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Robert Press, MS, DC  
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