



**Evans Chiropractic, LLC**  
**3679 Nottingham Way, Suite A**  
**Hamilton, NJ 08690**

**CONSENT TO TREATMENT OF A MINOR**

I hereby request and authorize Dr. Eric Evans of Evans Chiropractic, LLC., and whomever he/she may designate as his/her assistant or authorized representative, to administer chiropractic care as he/she deems necessary to my dependent minor child. This authorization also extends to include diagnostic imaging, laboratory and other testing at the doctor's discretion.

CHILD'S NAME: \_\_\_\_\_

YOUR RELATIONSHIP TO CHILD: \_\_\_\_\_

As of today's date, I have the legal right to select and authorize health care service for the minor child named above.

If applicable, under the terms and conditions of my divorce, separation or other legal authorization, the consent of a spouse, former spouse or other parent is not required. If my authority to so select and authorize this care should be revoked or modified in any way, I will immediately notify this office.

TODAY'S DATE: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

SIGNATURE PARENT/GUARDIAN: \_\_\_\_\_

PLEASE PRINT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PHONE: \_\_\_\_\_

WITNESS: \_\_\_\_\_