

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: _____

North Jersey Whole Health Center, LLC
546 Broad Avenue, Englewood, NJ 07631 • Phone: (201) 569-1444

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NJ Lic.#: 38MC00695500