

Anthony Trombly, D.C
2230 W. Main St
Lowell, MI 49331
(616) 987-4445

CONSENT FOR TREATMENT OF A MINOR CHILD

I, _____ being the parent, guardian, or custodian
of _____ a minor child the age of _____, hereby authorize, request
and direct Dr. Anthony Trombly to perform in his own judgment any necessary examination,
X-ray, and Chiropractic treatment.

Relation to Minor: _____

Signature: _____ Date: _____

****If your home phone number and address is different form the minor child's please complete
the next section****

Day Time Phone Number: (____)-____-____ Evening: (____)-____-____

Street Address

Apt. #

City & State

Zip Code