

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

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**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