



Dr. Eric Jaszewski, DC
2304 Brunswick Ave.
Lawrence Twp., NJ 08648

Telephone: (609) 393-1600
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Consent to Treat a Minor Child

Date: _____

I hereby authorize the above-named doctor and whomever he may designate as assistants to administer the required care as deemed necessary to my son / daughter / legal ward (circle one) _____ . I agree to be fully responsible for payment of all services rendered.

Signature: _____ Date: _____
Parent/Legal Guardian

Witness: _____ Date: _____