

Authorization to Treat a Minor  
Chicago Integrative Movement Specialists  
1030 W North Avenue, Suite 104  
Chicago, IL 60642

I, the undersigned, hereby attest and warrant Chicago Integrative Movement Specialists and its practitioners that I am the legal guardian of:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
Date of Birth

who is a minor child as describe by law, and I further warrant that my authority to act on the child's behalf is by virtue of the fact:

\_\_\_\_ I am the child's natural parent

\_\_\_\_ I am the child's adoptive parent

\_\_\_\_ I have been duly appointed legal guardian of this child by a court of competent jurisdiction (a copy of the court order granting guardianship is attached hereto) and that I hereby give my consent to such medical examinations, diagnostic procedures, and treatments as my be deemed necessary by Dr. Evan Osar and/or practitioners of Chicago Integrative Movement Specialists for the evaluation and treatment of the condition and/or symptoms for which this minor child has been presented.

Signed in the presence of a witness this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Signature Parent or Guardian)

\_\_\_\_\_  
(Printed name Parent or Guardian)

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Printed name of Witness)