

Elevation Now, P.C.  
Nick Sechrist, D.C.  
2505 Foresight Circle, Unit C1  
Grand Junction, CO 81505  
Phone: 263-9100 Fax: 263-9102

## **Vital Information (Children's Form)**

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Male \_\_\_ Female \_\_\_

### **Authorization to Care for a Minor Child**

I hereby authorize Dr. Nick Sechrist with ELEVATION NOW, P.C., to administer Chiropractic care to work with my child (name) \_\_\_\_\_ through the use of adjustments and procedures to the spine, as the Doctor deems appropriate.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_