McIlroy Chiropractic Arts
111 John Dupree Drive
PO Box 459
Levelland, TX 79336
(806) 894-8119

McIlroy Chiropractic Arts

Consent to Treat a Minor

The Information I have given this office is complete and true to the best of my knowledge. I authorize the doctor and staff of McILroy Chiropractic Arts to administer such procedures & treatment to_____ (minor's name) as necessary. I certify that I have authority and responsibility to authorize treatment for this child.

INFORMED CONSENT: I understand that chiropractic care is extremely safe; however I also understand that certain risks associated with any form of health care treatment. I accept that risk in order that he/she may receive treatment by the Doctor and Staff of McILroy Chiropractic Arts and agree to hold then harmless off consequences thereof.

Print Patient Name_____

Parent's Signature_____ Date_____

Witnessed by _____Date_____