
**Poindexter Chiropractic**
**Convenient & Professional**
**2010 Highway 74**
**Elkins, AR 72727**
**479-240-2471**

**CONSENT TO TREAT A MINOR**

Minor's Name: _____

I, _____ attest that I am the custodial parent or legal guardian of the above referenced minor and hereby authorize Poindexter Chiropractic to administer treatment as it deems necessary to the above minor.

In the event that the minor has received treatment prior to date on the form, I hereby authorize such treatment in the future. (The minor referenced above may fill out any new forms required.)

Custodial Parent's Name: _____

Custodial Parent's Phone Number: _____

Signature: _____ Date: _____

Friday: 10 - 6
Saturday: 10 - 4
Sunday: 1 - 6
Monday: 10 – 6