



Rafey Chiropractic and Health Center

Achieving Your Health Success.

Authorization Care of a Minor

I hereby authorize Rafey Chiropractic and Health Center and whomever they may designate as their clinicians to administer care as they so deem necessary to my son/daughter/ward for the condition of _____.

Minor Patient: _____

Signature (Patient/Guardian): _____

Date: _____

Witness: _____

