



Kishami Academy LLC

Teaching you into a better future

**Informed Consent for Examination & Treatment
WATFORD WELLNESS WORKS**

THE SPINE MECHANIC

I, (print name) _____, request and consent to the performance of a physical examination and treatment by chiropractic adjustments and other chiropractic procedures on my dependent (print student name) _____, for whom I am responsible, by Dr. Kelley Watford, the licensed doctor of chiropractic at Watford Wellness Works/Kishami Academy LLC.

I acknowledge that chiropractic care has possible (and extremely rare) complications including by not limited to soreness, sprains/strains, fractures, dislocations, disc injuries, cerebral-vascular accidents, physiotherapy burns, or soft tissue injuries. There may be an audible "pop" or "click" as a result of joint movement.

I do not expect the doctor to anticipate all potential risks or complications and I wish to rely on the doctor to exercise clinical judgment in my dependent's best interest during the entire course of their care, based on the facts known at that time.

I understand that I, and my dependent, may speak to the doctor and ask questions about potential risks or any other concerns we may have **at any time**, including before I sign this acknowledgment and allow my dependent to receive any physical evaluations or treatments.

Parent or Guardian Signature _____ Date _____
Parent Contact Number _____ Dependent Date of Birth _____

MARY STEPHENS MASSAGE

I, (print name) _____, request and consent to the performance of a physical examination and treatment by massage therapy procedures on my dependent (print student name) _____, for whom I am responsible, by the licensed massage therapist at Watford Wellness Works/Kishami Academy LLC.

I understand that I, and my dependent, may speak to the doctor and ask questions about potential risks or any other concerns we may have at any time, including before I sign this acknowledgment and allow my dependent to receive any physical evaluations or treatments.

Parent or Guardian Signature _____ Date _____
Parent Contact Number _____ Dependent Date of Birth _____