



International Chiropractic Pediatric Association

327 N. Middletown Rd
Media, PA 19063610-565-2360
www.icpa4kids.com

ICPA Case Study Patient Consent Form

Thank you for participation! The principal investigator for this study is Dr Joel Alcantara, DC. Should you have any questions, please do not hesitate to contact him or the ICPA office at 610-565-2360.

Risks: Although no type of care - medical or alternative – is 100% safe and without risks, the chiropractic care you have or will receive from your Doctor of Chiropractic is safe and effective. Your chiropractor would be more than happy to discuss this further with you.

Benefits: You will not receive any payment for your participation in this study. However, the information collected from your participation in this study may help your chiropractor and other chiropractors provide a safer and more effective treatment for you and other patients.

Confidentiality: Identification of you is strictly prohibited. The survey is completely anonymous. No reference will ever be made in oral or written reports that could link you or your child to the study. We will NOT include your name in our research. Only your doctor will ever know your name.

Reminder: Your participation in this study is strictly VOLUNTARY. Refusal to participate in this study is "OK" and carries no consequences for you or your child. I have read and fully understand the above statements. All questions regarding the doctor's objectives pertaining to my chiropractic care have been addressed by my chiropractor to my complete satisfaction. I therefore accept chiropractic care on this basis.

I give Dr. _____ and the ICPA permission to use any clinical data applicable to my care for the purpose of the ICPA Diplomate Program Case Study.

Name: _____ **Date:** _____ -

Signature: _____



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I hereby release and discharge ICPA, Inc. parties from any and all claims for damages for libel, infringement of the right of publicity, invasion of privacy, portrayal in a false light, or any other claim based on use of the above-described material(s).

Any disputes over the formation, validity, construction and performance of this Agreement are subject to U.S. law and the model agrees to submit to the personal jurisdiction of courts in the United States of America.

I hereby warrant that I am of full age and have the right to contract in my own name and I have the full capacity, power and authority to grant this release. However, if I am a minor, my parent or guardian has reviewed the above Agreement and consents to the above on my behalf. I (or my parent or guardian) have read and understand the above authorization, release and agreement. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Date:	
Signature:	
Printed Name:	
Address:	
Signature of Parent or Guardian:	
Printed Name:	