Treatment Parental Consent Form

As the parent or legal guardian of _____ (minor's name),
I give permission for her/him to have the following services performed:
_____

I confirm that I have read and understand all information on the applicable forms for this treatment or service, and accept responsibility on my child's behalf for any disclosures or liability described on those forms. I agree to supervise any home care procedures that are recommended as a result of the treatment.

This form must be signed in person by the parent or guardian at the time of service, witnessed by the treatment provider.

CONSENT

I have been emailed, and/or read, the Age Graceful LLC Guest Service Policies. I will receive or have already received, the Aftercare Instructions which includes information on recognising and treating any potential reactions. I have been given opportunities to ask questions regarding the information contained in those instructions. I agree to notify Age Graceful as soon as possible should I have any reaction following my service. The service I am about to receive, precautions and potential problems have been fully explained to me in detail (in writing and/or verbally), and I fully understand them. I am also aware that Age Graceful, despite any effort to mitigate risks against infectious disease, is not responsible to me for any risk of illness which I voluntarily assume by receiving services. I also understand that monetary refunds are not given for revieceing this service; instead Age Graceful will gladly work with me to correct any problems or issues that may result from my service.

By authorizing below, I hereby voluntarily give my consent and authorization for the procedure I have requested and agree to release Age Graceful LLC, Its owner, employees and/or contractors from any claims or liabilities now or in the future because of the service or products used.

_____ _____
Guardian Printed Name Date

_____
Guardian Signature

_____ _____
Provider Signature Date

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