

MINOR/CHILD CONSENT FORM
Acupuncture Family HealthCare Clinic

I, _____, the undersigned, am the parent,
guardian, or personal representative of

Please Print Name of Minor/Child

I attest that there are no court orders now in effect that prohibit me from signing this consent.

I do hereby request and authorize the healthcare practitioner and/or staff to perform necessary services for the child named above, including but not limited to x-rays, and treatment, which are deemed advisable by the healthcare practitioner and/or staff, whether or not I am present when the treatment is rendered.

Signature of Patient, Parent,
Guardian or Personal Representative

Date

Signature of Patient, Parent,
Guardian or Personal Representative

Date