Addendum Form

Consent for a Minor Child to receive Acupuncture Therapies or Services

Note: A separate form must be completed for each minor child, prior to receiving any Acupuncture therapies or services.

I do hereby understand, state and affirm under penalty of law that:

- I am the parent or legal guardian of the below listed minor child.
- The below-named minor child has no physical, medical, physiological, mental, emotional, psychological or other condition which may cause harm or be aggravated by the agreed upon therapies or services.
- I shall not hold the service provider, spa owner, management, staff or therapists liable in any way either civil and/or criminal, for any therapies or services provided to the below-named minor child.
- Acupuncture therapies or services are not a substitute for Professional Medical Advice and are not intended to be and should not be construed as medical advice. If you have a medical concern, you should consult with a licensed physician.
- The parent or legal guardian of the below listed minor child will accompany and be in sole direct control of as well as consent and agree with all therapies or services provided to the minor child.

I understand and affirm the above statements to be true and correct. I do hereby voluntarily give permission and consent to allow Acupuncture therapies or services, including herbal remedies deemed advisable, to be provided to below-named minor child during the duration of his or her treatment plan, on this day of: _____/_____/_____
mmm dd yyyy

Minor Child's Name:

Name: _____ Date of Birth: _____ / _____ / _____
Print (First M.I. Last) mmm dd yyyy

Parent or Legal Guardian:

Name: _____ Relationship _____
Print (First M.I. Last)

Signature: _____ Date: _____ /_____ / _____
mmm dd yyyy

Witness: (May not be a parent, guardian or children listed above)

Signature: _____ Date: _____ /_____ / _____
mmm dd yyyy