

Consent to Treatment of a Minor

<u>PATIENT INFO:</u>			
First Name: _____	Last Name: _____		
Age: _____	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	

I AUTHORIZE Carla King, Doctor of Naturopathic Medicine, who have been engaged by me and such other naturopathic practitioners and assistants as he/she may select or approve, to examine and administer Naturopathic care and treatment to _____ whose relationship to me is as a _____.

I have been given an explanation of and understand the nature of the naturopathic medical care and treatment. I authorize Carla King, Naturopathic Doctor, to take whatever measures he/she considers necessary or desirable in connection with such naturopathic care and treatment.

This consent is modified as follows: _____

My name, address and telephone number, or that of another contact person for the patient (whichever is appropriate) is as follows:

DATED at City, in this Province, this _____ day of _____, _____.
(month) (year)

Parent or Guardian of Minor – print name

Signature

Witness – print name

Signature