

Authorization to Treat a Minor Form

I/We, _____ the undersigned parent, parents or legal guardian of _____ (*Minor's Name*) authorize Jean Donati, L.Ac. to treat my/our child with acupuncture, moxibustion, Chinese or Western herbal medicine, supplement recommendations, and/or nutritional counseling. It is understood that this authorization is given in advance of any specific diagnosis or treatment being rendered.

I understand that even though Jean Donati holds certification as a physician assistant, she will be acting as an acupuncturist only, and that if any Western medical care is needed, I will be referred to the appropriate Western medical provider.

Under the circumstances set forth above, I elect not to be informed in advance of the nature and character of the proposed treatment, it's anticipated results, possible alternatives, and the risks, complications and anticipated benefits involved in the proposed treatment, including non-treatment.

I further understand that the practitioner attending to my child will take all reasonable safety precautions during their care.

I also hereby agree to be responsible for all bills incurred by the aforementioned minor. I agree to pay these bills in a manner set forth by Jean Donati, LAc.

This consent expires upon the patient's 18th birthday.

By signing this, I acknowledge that I have read and that I understand this consent, and that any questions I had prior to signing could be answered by calling Jean Donati, LAc at 410-984-3700.

Signature of Parent(s)/Legal Guardian

Date

Provider's Signature

Date