

Lauren Berendt L.Ac.
Centerpeace Yoga and Wellness
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AUTHORIZATION TO TREAT A MINOR FORM

I (We), _____ the undersigned parent, parents or

legal guardian of _____
Minor's Name

authorize Lauren Berendt, Licensed Acupuncturist to treat my/our child, with any Traditional Chinese Medicine modality such as Acupuncture, Cupping, Herbal Supplements or Tuina Massage. It is understood that this authorization is given in advance of any specific diagnosis or treatment being rendered.

Under the circumstances set forth above, I elect not to be informed in advance of the nature and character of the proposed treatment, its 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.

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 Lauren Berendt, L.Ac., (330)810-1760.

Signature of Parent(s) /Legal Guardian Date

Signature of Acupuncturist Date