



CONSENT TO TREAT A MINOR

(please print clearly)

Patient Information:

First Name _____

Last Name _____

Age: _____ Male: ☐ Female: ☐

I AUTHORIZE _____, Doctor of Naturopathic Medicine, who have been engaged by me and as 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 _____, Naturopathic Doctor, to take whatever measures 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 Brampton, in the Province of Ontario, this _____ day of , _____
(month) (year)

Parent or Guardian of Minor – print name

Signature

Witness – print name

Signature