

**CONSENT TO TREATMENT OF A MINOR**

PATIENT INFO:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Age: \_\_\_\_\_

Male: ?      or      Female: ?

I AUTHORIZE Erika Buckley, Doctor of Naturopathic Medicine 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 Erika Buckley, 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 Whitby, in the Province of Ontario, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Parent or Guardian of Minor – print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness – print name

\_\_\_\_\_  
Signature