



Acupuncture Consent for Treatment of a Minor

I, _____, am the parent or legal guardian of _____.

I am aware that my child is receiving acupuncture by a licensed acupuncturist of Village Acupuncture and Massage Therapy for the purpose listed here: (example: relaxation, stress reduction, muscle spasms, soft tissue injury and pain, etc.)

I understand that acupuncture is not intended to be or replace medical advice or medical treatment and that I should consult with my child's primary care provider if I have any concern or questions about the appropriateness of acupuncture. I intend this consent form to cover the entire course of treatment for this child's present condition. I further intend this consent for any future condition(s) for which I seek treatment for this child.

I understand that it is necessary to have a parent or guardian present during the intake portion of acupuncture.

Signature of Parent/Guardian

Date