1000 Folded Cranes
Acupuncture

Dr. Fred Ragsdale, D.A.C.M., L.Ac.
(323) 350-4946

CONSENT TO TREATMENT OF MINOR

(I)(We), the undersigned, parent(s)/person having legal custody/legal guardianship of _____ a minor, do hereby authorize_____
(name of minor) (name of agent)
_____as agent(s) for the undersigned to consent to any acupuncture, herbal, cupping diagnosis or treatment, which is deemed advisable by Dr. Fred Ragsdale, DACM, a licensed acupuncturist.

It is understood that this authorization is given in advance of any specific diagnosis or treatment being required but is given to provide authority to the above described agent(s) to give specific consent to any and all such diagnosis and treatment which acupuncturist, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

This authorization shall remain effective until _____, 20____, unless sooner
(month and day)
revoked in writing delivered to the agent(s) noted above.

Date: _____

Signature: _____
(parent/legal guardian/person having legal custody) (circle relationship)
Signature: _____
(parent)