

CAM
670 Taunton Rd. E, Unit B4B
Whitby, Ontario
(T) 905.655.7100
(F) 905.655.7155



CCIM
12 Main St. N
Markham, Ontario
(T) 905.471.9355
(F) 905.471.4348

CONSENT TO TREATMENT OF A MINOR

PATIENT INFO:

First Name: _____

Last Name: _____

Age: _____

Male:

or

Female:

I AUTHORIZE _____, Doctor of Naturopathic Medicine, who have been engaged by me 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 _____, Naturopathic Doctor, to take whatever measures he/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