

Jin's Acupuncture

80 Kinderkamack Rd.
Oradell, NJ 07649
Telephone (201) 261-2676

CONSENT TO TREAT MINOR

Consent for treatment of a Minor: It is the policy of *Jin's Acupuncture* that all minors seeking treatment be accompanied by a parent/legal guardian.

By signing below I hereby authorize *Jin's Acupuncture* and their license acupuncturist to administer medical evaluation and acupuncture treatment as deemed necessary to my son/daughter, _____ (name of child). I also approve of any future treatment sessions from this day forward.

Child Name: _____

Child Date of Birth: _____

Age of Child: _____

Child Allergies: _____

Print name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Relationship to Patient: _____

Phone number of Parent / Guardian: _____

Today's Date: _____

Christi Jin L.Ac. OMD Ph.D
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