



ACUPUNCTURE & WELLNESS

## Minors Consent Form

This form must be signed by the parent or guardian of a minor who is not mentally competent and by the CAT therapist who will provide treatment. The CAT treatment agreement must still be completed, which is applied to the minor as a client. The CAT treatment agreement is, if possible, to be signed by both parent(s) or guardian(s) of authority. The authorizing parent(s) or guardian must assume control over the rights of the incapacitated minor. In general, the following applies:

- \* **Children up to 12 years:** not mentally competent. Parent(s) or guardian(s) must sign this consent form before every treatment/session.
- \* **Minors from 12-16 years:** potentially mentally competent. Both the minor and the parent(s) or guardian(s) are required to sign this consent form before every treatment session.
- \* **Minors aged 16-18:** in principle, deemed legally competent, and only the minor must consent to treatment. If the minor is explicitly deemed mentally incompetent, this form must be completed and signed by parent(s) or guardian(s) before every treatment.

If there is one parent or guardian with parental authority, this form and the Treatment Agreement must be signed by the parent or guardian, the minor, and the CAT therapist.

If there are two persons with parental authority, this form and the Treatment Agreement must be signed by both parents, the minor, and the CAT therapist.

If there is not a mentally competent minor, this form must be completed and signed **for each session**.

If the minor is 12 years or older and is demonstrably mentally competent, it is not necessary to fill out this form before every treatment. The Treatment Agreement must be signed by the mentally competent minor.

Name of parent/guardian (1):

Name of parent/guardian (2):

Name of minor:

Name of CAT Therapist: Annette Tapia-Cornet





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Date of the therapy session authorized by this document:

Nature of the therapy session: Acupuncture treatment, possibly accompanied by moxibustion, acupressure, cupping, gua sha, or tui na.

The undersigned declare that:

- \* The minor is considered to be incompetent;
- \* The parent(s) or guardian(s) supervise(s) the rights of the minor during this treatment;
- \* The parent(s) or guardian(s) give(s) permission for the treatment of the minor such as described in this document on the date indicated;
- \* The Treatment Agreement is also signed by the parent(s) or guardian(s)

Date:

Signature parent/guardian 1:

Signature parent/guardian 2:

Signature minor:

Signature CAT Therapist:

