

CONSENT TO TREAT MINOR PATIENT

I, _____ (print name here), am the
parent/legal guardian of _____ (print name of
minor), currently a minor, whose date of birth is ____/____/_____.

I authorize Conor Logan, L.Ac. and/or Zena Logan, L.Ac. of The Living Point to provide
acupuncture and other medical care under his/her scope of practice to my
son/daughter/ward, including, but not limited to, diagnostic examinations, screenings, and
necessary medical treatment including acupuncture, acupressure, moxibustion, cupping
and associated procedures.

I have signed the informed consent to treatment on my child's or ward's behalf.

Signature

Date