

Blue Sage Acupuncture & Herbs

Ousa B. Hymas Samkara, MSOM, L.Ac.

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Consent to Treat Minor Parent/Guardian Authorization

I, _____, do hereby authorize Ousa Hymas Samkara, MSOM,
(Parent or Guardian Name)
L.Ac., and Blue Sage Acupuncture & Herbs to provide medical care and treatment within
the scope of practice of Oriental Medicine for _____,
(Name of Minor)
whose date of birth is _____. I understand that treatments may include, but are
(Minor's DOB)
not limited to: acupuncture, acupressure, shonishin, bodywork, cupping, moxibustion,
and the prescription of Chinese herbs. By signing below, I also attest that I have the
authority to consent to treatment on _____'s behalf.
(Name of Minor)

Parent or Guardian Signature _____ Date _____

Parent or Guardian Printed Name _____

Relationship to Minor _____ Phone _____

The following person or persons have my permission to bring my child or young adult to
the clinic in my absence.

Name _____ Relationship to minor _____

Name _____ Relationship to minor _____

Please list any additional people on the back of this form.

I do not want any other person to accompany my child or young adult to the clinic.