

Innovative
Healing Center
Acupuncture • Massage • Nutrition

CONSENT TO TREATMENT OF MINOR CHILD

I, hereby authorize Tena Scarber, M.S., L. AC., and whomever she may designate as her assistants to administer acupuncture and/or massage as he/she deems necessary to my _____ (name of child).

Dated at _____ (City) _____ (State)

this _____ day of _____, 20_____.

Signed: _____
(Parent or Legal Guardian)

Witness: _____

Innovative Healing Center
West Plano Medical Center
4100 W. 15 th St., Suite 220
Plano, TX 75093
Office: 972-742-1152
www.innovativehealingcenter.com