



Midwest Integrative Health, LLC

222 S Randolph

Macomb, Illinois, US - 61455

Consent to Treat a Minor Child

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I, _____, am the parent/guardian of
_____.*

By signing my name below, I am giving my permission to the following organization/provider to treat my minor child:

Midwest Integrative Health, LLC and Jessica Thorman, APRN, FNP-C

Legal full name of minor child: *

Said child is under eighteen (18) years of age at the time of treatment.

DOB of minor child: *

This consent will remain in effect until revoked or until said child turns eighteen (18) years old.

Parent signature: *

Date: *

Relationship to minor patient: *