

ADDENDUM FOR TREATMENT OF MINORS

This form must be signed by the parent(s) or guardian(s) of a minor who is not mentally competent and by the Therapist who will provide treatment, in addition to the general Intake Form and Treatment Agreement (which is applied to the minor as a patient). The Intake Form and Treatment Agreement is to be signed, if possible, by both parent(s) or guardian(s) of authority. The authorizing parent(s) or guardian(s) must assume control over the rights of the incapacitated minor. In general, the following applies:

- * Children up to 12 years old: not mentally competent. Parent(s) or guardian(s) must provide consent before every session.
- * Minors from 12-16 years old: potentially mentally competent. Both the minor and the parent(s) must provide consent before every 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 the parent(s) or guardian(s) and consent must be given before every session.

If the minor is 12 years or older and is demonstrably mentally competent, it is not necessary to give consent before every treatment. The Intake Form and Treatment Agreement must be signed by the mentally competent minor.

If only one parent or guardian is signing this addendum, they declare by their signature that they have fully informed the other parent or guardian, and assure approval by the other parent or guardian for the minor's treatment.

Nature of Treatment Session may include acupuncture, acupressure, moxibustion, cupping, gua sha techniques.

THE UNDERSIGNED DECLARE THAT:

- * The minor is considered to be incompetent;
- * The parent(s) or guardian(s) supervise the rights of the child 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(s) indicated;
- * The Intake Form and Treatment Agreement is also signed by the parent(s) or guardian(s)

Date(s) of treatment authorized by this document:

Name of Parent/Guardian 1:

Signature:

Name of Parent/Guardian 2:

Signature:

Name of Minor:

Signature (if applicable):

Name of Therapist: Aleksandra Boj

Signature:

Date:

Place: