

TAHOE HEALTH TOUCH
Rosemary Manning, M.A.
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PARENT/GUARDIAN CONSENT FORM FOR MINORS

In order for minors to receive services at Tahoe Health Touch, the parent or guardian of the underage client must read and sign this consent form.

As the parent/guardian of _____,
printed name of minor

I, _____, am aware that
printed name of parent/guardian

my child will be receiving wellness and/or stress reduction protocols from Rosemary Manning and that Rosemary is not a licensed physician and that any services my child receives is not a replacement for medical care. I understand that I should consult with my child's health care providers if I have any concerns or questions regarding these services. The purpose for these services is as follows:

signature of parent/guardian

date