

Herbal treatment consent form: children under 18 years of age

To **parent of child with whom the child lives**; or

To **Guardian of child**; or

If no parent or Guardian, to **Carer or Person with whom the Child lives**

_____ *[insert Child's name]* is a child

My relationship to the child is: *[Insert relationship]*

My full name is:

My address is:

I have no interests adverse to those of the child.

Signed by way of consent:

Date:

Child signature [If child capable of understanding the consent issues, the child should also be asked to give consent]

Signed by way of consent: *[child's name]*

Date: