



## Declaration and Consent to Treatment of a Child

Each person seeking care in this clinic should understand that the practitioner is a naturopathic doctor and *not* a medical doctor. If medical diagnosis is required, it must be obtained from a licensed medical doctor.

Naturopathy uses non-invasive methods for the assessment of bodily dysfunction and natural therapeutics for its correction. The methods used in this clinic for assessment and therapeutics include nutrition, homeopathy, botanical medicine, hydrotherapy, detoxification techniques, acupuncture, and lifestyle modification techniques.

My signature acknowledges that:

1. I have been informed of and I understand that:
  - a. The treatments that my child receives in this office are different than those usually offered by a medical doctor or other licensed health care provider.
  - b. I am at liberty to seek or continue to seek medical care from a physician or surgeon or other health care provider qualified to practice in Ontario for my child.
  - c. I confirm that Pamela Thornton-Pow, nor anyone else under her control has suggested or recommended that I refrain from seeking or following the advice of another licensed health care provider for my child.
2. I declare that I have received a full and complete explanation of the treatment or services that my child may receive at this office and hereby authorize and consent to treatment.
3. I agree to pay my child's full account at the time of each visit or treatment, including fees for services, cost of supplements and remedies, cost of laboratory tests and other fees. I am aware that these fees are not covered by OHIP.

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(mm/dd/yy)

I \_\_\_\_\_, have read, understood, and  
(Please print your name here)  
acknowledge the above statements and hereby give my consent to treat my child or ward.

\_\_\_\_\_  
(Parent/guardian signature – Please sign in my office) Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

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