

**C.A.R.E. Alternatives Center**  
**Consent to Give Treatment to a Minor Child**

I, \_\_\_\_\_, hereby authorize C.A.R.E. Alternatives Center and whomever they may designate, Aromatherapy, Massage, Cranial Sacral, Reiki or any necessary care to my \_\_\_\_\_(indicate relationship).

Name of Minor: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_