
Consent to treat a patient under the age of 18

Your child's safety is of the greatest importance to Dr. Russ. Be assured that no treatment will be delivered without your full consent. To assure us that you consent to the examination and treatment of your child, we respectfully ask you to read these pages, initial each paragraph, and sign at the bottom.

____ 1) Bodywork is safe and appropriate for children and teens when it is modified to suit their developmental stages and their particular needs. It is unsafe to use bodywork techniques at home with your kids unless you have been specifically instructed.

____ 2) Your child's treatment may require Dr. Russ to examine and touch the injured or affected area with the clothing removed. Your child can change into a gown or shorts at your request, regardless of age or gender.

____ 3) Your presence in the room is not required during the treatment unless you or Dr. Russ deem it to be necessary for your child's comfort and safety. If a parent is not present during the treatment, the door to the treatment room will be left open.

____ 4) Depending on your child's age and personality, it may take several visits before he or she is comfortable enough to allow Dr. Russ to apply the necessary treatment for their condition. For this reason, it may seem that the first few visits are brief and unproductive. It is important to be patient with this process.

____ 5) The length of each treatment session depends partly upon your child's ability to relax and stay focused. It is not beneficial to force or coerce a child into "finishing" a treatment.

____ 6) Dr. Russ may recommend as part of your child's treatment plan specific exercises. You are responsible for following these instructions. Please ask Dr. Russ any specific questions you have about your instructions.

____ 7) Dr. Russ may recommend as part of your child's treatment plan specific nutritional supplements, supports, splints, or a referral to another provider for additional examination. You are responsible for following through with these recommendations.

____ 9) After the initial interview and examination, Dr. Russ will describe the nature of your child's condition and a plan for treatment. You are not obligated to continue with your child's treatment. If at any time during treatment you have concerns about the course of your child's care, the techniques being used, or if new symptoms arise, tell Dr. Russ about your concerns or the new symptoms.

By signing below, you indicate that you have read and understood the information on these pages, and you consent to the examination and treatment of your child.

Sign: _____

Date: _____

Print name: _____

Child's name: _____
