



Consent for Care of Minor Child

In my applying for care and treatment of (print name of child) _____ at NAET of Carolinas, LLC, I understand that NAET (Nambudripad's Allergy Elimination Techniques) utilizes the principles of kinesiology (muscle testing) to diagnose items to which the patient may have hypersensitivity. It does not diagnose diseases. This procedure then makes use of acupressure techniques to desensitize a patient to substances so that the patient may not experience hypersensitive symptoms when they have future contact with the desensitized allergens. I understand NAET of Carolinas, LLC does not guarantee the cure of any illness.

I understand that for 25 hours after the treatment the child is to avoid eating, touching, breathing, or coming within 5 feet of the substance(s) for which he/she has been treated. If he/she comes in contact with the substance(s) during that time, I realize that the treatment may not work and he/she may have a sensitivity reaction.

I understand that I must bring the child back after the 25-hour avoidance period, preferably within 7 days to see if the child has cleared the substance(s) for which he/she was treated. I understand that the child may still experience a reaction to the substance(s) of unknown severity if they come in contact with the item(s) and they were not cleared completely. If the item(s) were not cleared completely, the procedure may need to be repeated until the item(s) is cleared satisfactorily.

I understand that I am to continue all medications and other treatment modalities for the child as they have been prescribed unless directed otherwise by the doctor who prescribed them. During the 25 hour avoidance time, if there is a serious reaction from the allergen for which treatment was given or from some other sources, I need to seek emergency help from a physician qualified to handle emergency treatments or to call 911 or go to an emergency room at a local hospital for emergency care. If the child is suffering from severe allergic reactions to substances, I should consult an appropriate physician and give appropriate medications (such as antihistamines) to help prevent, itching, tissue swelling, fever, cough, pains, infections, mental irritability, etc.) to keep symptoms under control while NAET treatments are being given. This way essential NAET treatments can be completed without interruption.

I have read or have had read to me the above statements and have had opportunity to ask questions about its content. Being the parent or legal guardian of this child, my signature grants permission for the child to receive NAET treatments and I agree to the terms and procedures.

Signature

Date

Witness

Date

Patient Name: _____