

Sunshine Health Care Center

13660 North 94th Drive Suite C-4 Peoria, AZ 85381

Phone: 623-266-1722 Fax: 623-266-1746

Dear parent(s),

Sunshine Health Care Center is honored to be a part of your child(ren)'s care. We as naturopathic physicians have a focus on preventative care for the entire family, and pediatric care is an integral part of that focus. In order to provide the best care for your child(ren), we would like to have all parents and guardians who have rights to make medical choices on your child(ren)'s behalf sign an informed consent to treatment. This will insure that all caregivers are aware of and may take part in the care provided by Sunshine Health Care Center.

By signing the informed consent, you are not giving any advanced permission to the doctors or staff at Sunshine Health Care Center to perform any testing or treatment on your child(ren); you are acknowledging that they are under our care. All testing and treatments will be discussed with the caregivers at each visit as indicated.

Please list below any caregivers that have rights to make medical decisions on your child(ren)'s behalf below along with their relationship to your child(ren). Established care and treatment cannot continue until the informed consent forms are signed by each parent/guardian legally involved in your child(ren)'s healthcare. Feel free to discuss any questions or concerns with our staff or with your naturopathic physician at your child(ren)'s visit.

Name of parent/guardian _____ Date _____

Relationship to child _____ Received copy of informed consent Y N

Name of parent/guardian _____ Date _____

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