

American Medical College of Homeopathy (AMCH)

**Active Homeopathy, LLC**

1951 W. Camelback, Suite 300; Phoenix, Arizona 85015 <<>> 602-953-2469

Consent Form for Treatment of a Minor

I, the parent or guardian of said patient, who is a minor, authorize the American Medical College of Homeopathy (AMCH) and all persons acting as agents thereof, to provide all forms of homeopathic treatment to said minor. This consent shall remain in effect until a written revocation hereof is delivered to AMCH.

I have read and I understand the section entitled Consent Form for Treatment of a Minor. I am the parent of said minor child or the court appointed guardian for the patient and am authorized to act on the patient's behalf to sign this Release of Information.

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Name

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Signature

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Date