

INFORMED CONSENT FOR A MINOR

**TO RECEIVE NUTRITIONAL CONSULTATION
BY CATALINA MARTONE NC, HHP, MH.
CONSENT BY PARENT (OR GUARDIAN) FOR NUTRITIONAL
CONSULTATION SERVICES TO BE PROVIDED TO A MINOR (A
PERSON UNDER 18 YEARS OLD)**

**I AUTHORIZE CATALINA MARTONE, NC, HHP, MH AND
WHOMEVER SHE MAY DESIGNATE AS ASSISTANTS, TO PROVIDE
NUTRITIONAL CONSULTATION AS DEEMED NECESSARY TO MY
(CIRCLE ONE) SON/DAUGHTER. I ACKNOWLEDGE THAT I AM THE
LEGAL PARENT OR GUARDIAN OF THE CHILD NAMED BELOW.**

FULL NAME OF MINOR CHILD (PRINTED)

PRINTED NAME OF PARENT OR GUARDIAN OF CHILD

SIGNATURE OF PARENT OR GUARDIAN OF CHILD

DATE

SIGNATURE OF WITNESS

DATE