

BBF INFORMED CONSENT FORM (CHILD)

Name of Patient:

Diagnosis

How did you hear about us:.....

Indemnity:

This is to confirm that I fully understand that the therapy my child will be undergoing is not routine or standard medical treatment for his/her condition. However, as the doctor has explained, these nutrients are meant to aid in the repair and restoration of damaged or underdeveloped tissue to health and vitality.

I fully understand that no therapy is without risks, and I hereby state that I will not hold Dr. Ajibade or any of the staff of the Brain and Body Foundation responsible or liable for any untoward effects I may observe, either related or unrelated to the administration of these nutrients.

I understand that these nutraceuticals are being given to me free of charge.

Signed

Permission to use audiovisual materials:

I permit Brain and Body Foundation to take videos of my child and my family and to use them, and any other materials related to the care of at their own discretion. I hereby waive my right to ownership of this material.

Signed

I hereby commit to:

1. Administering the nutrients exactly as directed.
2. Taking note of any changes I may see in my child and recording them (either in video or written format)

I understand that my child may be disqualified from the program if I do not adhere to these requirements.

Signed:

Date:

Name:

Relationship to Child: