



PACIFIC NEUROCENTER CONSENT FORM FOR MINORS

As the Legal Guardian of _____
(Name of Minor)

I hereby give _____ Maryna Yudina _____ my consent
(Name of Neurofeedback Practitioner)

to see _____, a minor, on a regular basis, for the
(Name of Client)

purpose of Neurofeedback training.

Name: _____
(Parent or Legal Guardian)

Signature: _____
(Parent or Legal Guardian)

Date: _____

Address: _____

City: _____ State: _____

Telephone: _____