



Consent for Treatment of a Minor

I, _____ of _____
(Parent/Guardian) (Address)

authorize Brain@Work Neurofeedback, to meet with my child:

_____ for the purpose of
(Child)

neurofeedback treatment. Furthermore, I certify that I have the legal authority to give this permission.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Neurofeedback Practitioner

Date