



Consent Form

I, _____ (parent's name), do hereby request the Hyperbaric Wellness Center to administer hyperbaric oxygen therapy (HBOT) **as prescribed by my, or by my child's primary care physician**, to _____ (patient's name), who is my child or legal dependant. I will indemnify and hold harmless Hyperbaric Wellness Center for any complications that arise as a result of such treatments. **These complications may include, but are not limited to, the following: barotrauma to the ears or sinuses, seizures, pneumothorax, and/or ocular effects (myopia or cataract growth).** My child and I (or person accompanying the patient inside the chamber) have no known contraindications to receiving HBOT and have been cleared for treatments by my prescribing physician. I understand that HBOT is considered an experimental treatment and results are not guaranteed. Further, Hyperbaric Wellness Center makes no claims as to the efficacy of this therapy. I agree to communicate any changes that occur in my or my child's health while receiving treatments and to seek appropriate medical evaluation when necessary. I understand that the treatments are administered by the trained staff of the Hyperbaric Wellness Center and that there **may be no physician on site**. I acknowledge that I have received a copy of the office policies and privacy statement and agree to the content of both. I also acknowledge that there is a 24 hour cancellation policy that is strictly enforced, details of which are included in the office policies.

In full knowledge of the aforementioned facts and details, I give my permission and consent to proceed with hyperbaric treatment.

Adult Patient, Parent, or Legal Guardian's Signature

Date

Printed Name

Child or Dependent's Name