



CÉRAMIQUE CLINIC

Minor Consent Form for Treatment and Care

This consent form is intended to confirm that the legal guardian of a minor has received a full explanation and voluntarily agrees to the treatment provided by Céramique Clinic.

01 Minor's Information

Name:

Contact Number:

Date of Birth:

Address:

02 Legal Guardian's Information

Name:

Contact Number:

Date of Birth:

Address:

03 Requested Treatment and Care

1. I, the undersigned, confirm that I am the legal guardian of the above-mentioned minor.
2. I give my full consent for the above-mentioned minor to receive treatment and/or care provided by Céramique Clinic.
3. I agree not to raise any objections or legal claims regarding the treatment and/or care provided by Céramique Clinic to the above-mentioned minor.
4. I confirm that I have received a detailed explanation of the potential side effects and precautions associated with the treatment and/or care, and I accept full responsibility for any outcomes resulting therefrom as the legal guardian.

※ Please note that if this document is completed by anyone other than the legal guardian, it will be considered an act of document forgery and the individual shall bear full legal responsibility.

☐ I hereby agree to the above.

Date: Year Month Day

Legal Guardian's Name: (Signature or Seal)