

Whirling Thunder Wellness Center Informed Consent Form



By signing below I understand and agree that:

- 1) I, hereby give permission, for my child to undergo an A1C test via fingerprick from a qualified Whirling Thunder Wellness Program staff member.
- 2) The above test(s) are being done for testing purposes only, are not being done for diagnostic or treatment purposes, and the consultation with me about the test results does not constitute medical advice.
- 3) The data derived from the test(s) is considered preliminary and is not conclusive as to the absence or presence of any disease or health condition.
- 4) The Whirling Thunder Wellness Program recommends that I report the results of the test(s), including any results outside of the recommended range, to my healthcare professional so she or he can help me determine whether I need follow-up care.
- 5) In consideration for undergoing the test, I hereby release and hold harmless The Whirling Thunder Wellness Program and their respective owners, directors, officers, and employees, from any liability arising from the testing.

Signature of Participant or Guardian: _____ Date _____