



Therapy programs for mind, body, and soul
...Be the true version of yourself...

PARENT CONSENT FORM

Please **PRINT IN BLOCK**

Name of Child

Date of Birth.....

Parent/Guardian Name.....

Address.....

.....Postcode.....

Nationality.....

Languages spoken at home.....

Childs First Language (Preferred).....

Tel (day).....Tel (evening).....

Mobile No..... Email.....

Family Doctor (GP details)

.....

Doctor's Tel Number.....

Does your child suffer from any medical conditions/allergies that the therapist should be aware of (including any current medication)?

.....

.....

CONSENT

a) I agree to allow my son/daughter to receive hypnotherapy treatment from and understand that I may revoke this consent at any time by signing and dating a written notice to that effect

b) I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those listed above. .

Signed(Parent/Guardian full name)

Signature.....Date.....