

CONSENT FORM – Vulnerable Person

All persons defined as Vulnerable Person/with Special Needs are required to have a parent or guardian fill out this form.

By signing below, you agree that you are the parent or legal guardian of this client receiving treatment(s) from _____
You understand that you are required to remain at in the room for the entirety of the treatment(s). You will also be required, if needed, to assist the minor in preparing for his/her treatment(s).

We Request that you remain in the treatment room to supervise all interactions between the therapist and the client.

You also agree that you have completed the Consultation Form and have informed the therapist of all medical diagnoses, symptoms, medications, and complaints associated with the minor receiving treatment(s).

PLEASE PRINT CLEARLY

I _____, certify that I am the parent or legal guardian of _____, who is _____ **years of age** as of today. I have completed the **Consultation Form** for the above-mentioned client and informed _____ of all relevant **medical history** and **concerns**. I understand the scope of this holistic therapy and that it is not meant to diagnose, treat, or cure any conditions and is not a replacement for standard medical care.

I give permission for this client to receive treatment(s) from:

_____ and agree to all the above terms.

Print Name _____

Signature _____

Date _____