

# Parent Consent Form

Please **PRINT IN BLOCK**

**Name of Child** ..... **Date of Birth** .....

**Parent/Guardian Name** .....

**Address** .....

..... **Postcode** .....

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

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

**Family Doctor** ..... **Doctor's Tel No** .....

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)

**Date** .....