PRAKTIJK IK · NEI & REIKI IN BREDA

Parental / guardian consent

Session for a minor

1 DETAILS OF THE CHILD OR YOUNG PERSON

Full name

Date of birth

Address

Postcode and town/city

2 PARENTS WITH PARENTAL RESPONSIBILITY / LEGAL GUARDIANS

Please provide the details of both parents with parental responsibility or legal guardians where applicable.

PARENT / GUARDIAN 1

Full name

Relationship to the child

Telephone number and email address

PARENT / GUARDIAN 2

Full name

Relationship to the child

Telephone number and email address

3 YOUR CONSENT

Tick the option or options for which you give consent. Mariëlle will discuss the session, the practical arrangements and any questions with you before treatment begins.

- ☐ NEI session
- ☐ Reiki session
- ☐ Introductory consultation

☐ I confirm that I am authorised to give this consent and that I have had the opportunity to ask questions.

4 CONFIRMATION AND SIGNATURES

Place

Date

Signature parent / guardian 1

Signature parent / guardian 2 (where applicable)

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