**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*)?

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a) I agree to allow my son/daughter to receive hypnotherapy treatment from **Carrie Swain** 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 ………………………………………………………………..