

CONSENT FOR INTEGRATIVE MIND-BODY THERAPY OF A MINOR

This form is to be completed for each minor and filed in the minor's client file.

DATE: _____

TO: Susan Webber, MBWP, CCHt, CPC

RE: _____, a Minor

DATE OF BIRTH: _____

_____ parent(s) or legal guardian(s)

of _____, a minor authorize

Susan Webber, MBWP an Integrative Mind-Body Therapist, to whom the minor has been entrusted, consent for holistic therapies that both parent or legal guardian and the minor have agreed to including Life Coaching, Clinical Hypnotherapy and Reiki Therapy.

Additionally, (I) (WE) authorize Susan Webber to release the minor to the custody of said minor upon completion of each session.

_____ Parent/Custodian (printed name)

_____ Parent/Custodian (signature)

This consent shall remain effective for one year from date of signature unless revoked in writing and delivered to Susan Webber

Date: _____

_____ Parent or Legal Guardian (signature)

Date: _____

_____ Witness (Print)

_____ Witness (Signature)

_____ Title



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