

PARENTAL CONSENT FORM

Date: _____

I am the legal guardian for: _____

Whose date of birth is: _____

My relationship to him/her is: _____

With regards to the above mentioned minor, I the undersigned, understand and give my consent for the following:

I understand that Hagerstown Hypnosis Center offers positive change and include an undetermined number of private sessions depending on individual needs.

I understand and agree that the major purpose for positive change is for Vocational or Avocational self-improvement. Any hypnosis work for problems of a psychogenic or functional nature will be treated under the auspice of a medical doctor or mental health practitioner.

I also understand that there are no guarantees as to the results or progress to be made. Only that you, to the best of your ability, endeavor to accomplish the objective of the sessions.

Printed Name of Legal Guardian: _____

Signature of Legal Guardian: _____

Drivers License Number of Legal Guardian: _____