



:: Treatment Consent ::

Please read the following information before signing.

A Reiki treatment cannot be shared without a completed Treatment Consent being received.

I confirm I am the Parent/Legal Guardian of _____ & I have the right to be present during the Reiki treatment.

As the Parent/Guardian all information I have provided is true to the best of my knowledge & I have not withheld any relevant information. If any information I have given changes I accept I must inform Sarah Robinson (The Reiki Practitioner) accordingly. I understand all information I provide will be treated in the strictest confidence.

I have been advised by The Reiki Practitioner that, according to Law, I must consult a medical doctor concerning the health of my Child/Ward. I recognise I should seek help from a qualified medical practitioner or licensed healthcare professional if I suspect my Child/Ward may have any physical or psychological ailment. I acknowledge Reiki offers complementary healing to any medical or psychological ailment my Child/Ward may be experiencing & does not take the place of medical care nor is it a replacement for conventional treatment. I understand The Reiki Practitioner is not a medical doctor or a licensed healthcare professional, so cannot diagnose, prescribe any medication or substances, or give any guarantees that Reiki will fix a particular issue my Child/Ward may have. Nor do they prescribe or perform medical treatment, or interfere with the treatment of a licensed medical professional.

I understand Reiki is a simple, gentle, hands-on energy technique used for stress reduction & relaxation. The body has the ability to heal itself & to do so complete relaxation is often beneficial. I acknowledge long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

The Reiki Practitioner has fully explained either in-person (for In-person treatments), electronically via <http://www.thebowerbirdcollective.co.uk/blog> or email (for Distance Healing treatments) the Reiki treatment & the procedures involved. This includes my Child's/Ward's personal body privacy will be maintained at all times & my Child/Ward is not required to remove any clothing except for shoes, coat, & large jewellery. I have had an opportunity to ask questions about my Child's/Ward's Reiki treatment & am willing to proceed with this treatment.

I understand the fee this initial treatment session is £60, after which a single follow-up Reiki treatment is £55. Pre-purchased follow-up treatment packages are also available at a reduced fee.

Parent/Guardian full name: _____

Parent/Guardian signature: _____ Date: / /

Practitioner's signature _____