Parental Consent Form

I am hereby requesting Reiki therapy for my minor child. I, being the parent or legal guardian of the client, a minor age 17 or under, give my written consent for a Reiki therapy session.

I fully acknowledge and understand the following statements:

- The therapist neither makes a diagnosis, nor treats illness or disease, will not performs spinal/skeletal manipulations, and does not prescribe medications.
- Reiki is a gentle, complementary energy based approach to health and healing that can assist my child in his/her natural ability to heal.
- Reiki is a hands-on, structured touch, resting hands on the surface of the client's body to affect energy fields of the body technique without delivering pressure or manipulating soft tissue.
- If at any time during the session my child feels uncomfortable, s/he may request the therapist to stop the treatment immediately or alternatively use a hands-off hovering technique.
- The child will be fully clothed for the full Reiki therapy treatment. Shoes are requested to be removed; socks or clean bare feet are welcome.
- I understand that I am requested to remain present in the room. If I choose not to remain in the room, it is of my own choice with consent for the therapist to work with my child.
- The purpose of a Reiki session is to facilitate harmony and balance in the energy system creating an optimal environment for the body's innate tendency for healing to occur.
- Reiki complements and supports other traditional, medical, and health treatments.
- It is my responsibility to maintain a relationship with a Pediatrician.
- Rochele Tillman is not trained to diagnose illness, make recommendations involving pharmaceutical drugs or surgery, or handle medical emergencies.
- Reiki sessions are not diagnostic nor do they guarantee any cures.
- Rochele Tillman does not interfere with any directions from a qualified Pediatrician.
- I have been encouraged to consult a licensed Pediatrician for any physical issues my child is or may be experiencing.
- I grant Rochele Tillman and The Reiki Warrior permission and consent to use photographs and/or video taken before, during, and after my child's Reiki session for purposes including but not limited to; publicity, copyright, archival, educational purposes, illustration, advertising, web content, and social media. I understand that there shall be no payment, royalties, fees, or other compensation for this release and authorize that this agreement may never be revoked.
- My questions have been answered to my satisfaction regarding Rochele Tillman's background, a Reiki session, and what I might expect from this session.

Except in the case of gross negligence or malpractice, I or my representative(s) agree to full release and hold harmless Rochele Tillman and The Reiki Warrior, from any and all claims of liability whatsoever arising out of or in connection with any and all Reiki session(s). By signing below I fully consent to my minor receiving Reiki sessions.

_____	_____	_____
Client Print Name	Client Signature	Date
_____	_____	_____
Minor/Child Name	Age	Birthdate

Please list all of the child's medical conditions, allergies, disabilities or other necessary information:

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Note: Please give at least 24 hours advance notice if you need to cancel. Your appointment time is reserved especially for you. If you do not cancel ahead or fail to arrive for your appointment, payment for the missed appointment is requested.