

Parental/Guardian's Consent

I understand that as parent/guardian of-----
I may be committing a criminal offence if I wilfully fail to provide adequate
medical aid for my child under 16 years of age.

I have been informed by-----
(Reiki practitioner)
that according to law I must consult a doctor concerning the health of my
child.

I have read and understood the above and grant my permission for the
treatment to proceed.

Signed-----*(Parent/Guardian)*

Print name-----

Practitioner's signature -----*(witness)*

Date-----