

**Reiki and Intuitive Life Coaching**

**Practitioner: Amanda Moser Intuitive Life Coach**

**PARENT CONSENT / MINOR RELEASE WAIVER**

All persons under the age of 18 are required to have a parent or guardian fill out a disclaimer form. By signing below, you are stating that you are the parent or legal guardian of the minor receiving treatment(s) from Amanda Moser Intuitive Life Coach. You are welcome to stay in the clinic room with your minor the entire time or you can also check the box below if you give your minor permission to receive treatment from the practitioner without you being present. Please note that the parent/guardian must stay in the room for the duration of the treatment for children ages six and under. The services that Amanda Moser Intuitive Life Coach offer are not substitutes for medical advice or physician-prescribed treatment.

*I agree to fully release and hold harmless Amanda Moser Intuitive Life Coach from and against any and all claims or liability of any kind or nature arising out of or in connection with my child's session(s)."*

PLEASE PRINT/TYPE CLEARLY: I \_\_\_\_\_, certify that I am the parent/legal guardian of \_\_\_\_\_, who is \_\_\_\_\_ years of age as of today. I understand the scope of a Reiki practitioner and Intuitive Life Coach and the treatments are not meant to diagnose, treat, or cure any conditions and is not a replacement for standard medical care. I give permission for my minor child to receive treatment(s) with Amanda Moser Intuitive Life Coach and agree to all the above terms.

Parent/Legal Guardian Signature: \_\_\_\_\_

I give permission for my minor child, who is over the age of 6, to receive treatment from Amanda Moser Intuitive Life Coach without me being present in the room. Yes No Initial: \_\_\_\_\_

**Client Information Form**

**Facilitated by Amanda Moser Intuitive Life Coach**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email: (optional) \_\_\_\_\_

Doctor's name \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you currently taking any medications? Yes \_\_\_ No \_\_\_

If yes, what are the medications for (ie: heart, diabetes, high blood pressure etc.)?

\_\_\_\_\_

Are you currently under the care of your Family Physician or Specialist? Yes \_\_\_ No \_\_\_

If yes, please elaborate

\_\_\_\_\_

Are you currently receiving other alternative treatments? Yes \_\_\_ No \_\_\_

If yes, what type ie: Homeopathy, acupuncture etc?

\_\_\_\_\_

I acknowledge that the information on this form is accurate and up to date.

Parent Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_