

THE HEALING GARDEN OF DESTINY

Minor Treatment Consent, Intake & Liability Waiver

MANDATORY POLICY: PARENT/GUARDIAN MUST REMAIN IN THE TREATMENT ROOM AT ALL TIMES

1. Client & Guardian Information

Minor's Name: _____

Age / Date of Birth: _____

Parent/Legal Guardian Name: _____

Relationship: _____

Emergency Contact Phone: _____

Pediatrician/Doctor: _____

2. Full Medical & Medication History

Reason for bringing minor for services today: _____

Full Medication History (Prescriptions, Dosages, Frequency):

Supplements, Vitamins, or Herbal Protocols:

Past Surgeries, Injuries, or Chronic Conditions:

3. Minor Treatment Policies

Initial Intake Duration: I understand that the initial wholistic intake for a minor is **30 minutes** (not 15 minutes) to ensure a complete and safe clinical assessment.

Supervision Requirement: I agree to remain physically present **in the treatment room** for the entire duration of all services provided to the minor.

WAIVER OF LIABILITY & FINANCIAL AGREEMENT

- Voluntary Consent:** As the parent/legal guardian, I authorize Veronica Salber to provide holistic services to the minor named above. I understand these are elective wellness services.
- Release of Liability:** I hereby release Veronica Salber and The Healing Garden of Destiny from any and all liability, claims, or legal harm arising from treatment. I agree that neither I, nor the minor, will pursue legal action or OPR complaints regarding dissatisfaction with holistic outcomes.
- Payment:** I am responsible for full payment at the time of service. The 24-hour cancellation policy applies.
- Professional Conduct:** The zero-tolerance policy for inappropriate behavior applies to both the minor and the guardian.

Parent/Legal Guardian Signature

Minor Signature (if applicable)

Date of Signing

Veronica Salber | Licensed Holistic Practitioner | Winooski, VT
"Be water like the wind — move with heart and honor your rhythm."