Child Booking Form

-Guardian Consent-

Personal Details

Child Forename	
Child Surname	
Please call me	
Child Date of Birth	
School Setting	
Guardian Forename	
Guardian Surname	
Relationship to child	
Telephone	
Email	
Please contact me by	☎ ☐ Yes ☐ No ✉ ☐ Yes ☐ No
Address	

In the unlikely event of an emergency please provide contact details of a next of kin or a nominated person.

Name	
Telephone	

Medical Details

Treatments are not always recommended for individuals with certain medical conditions or who are taking certain medications.
In the interest of your own safety please share information honestly.

Medical, emotional or developments diagnosis or needs:	
Known allergies:	

For purposes of safeguarding your health and wellbeing please provide the contact details of your child's GP. By giving these details you authorise us to contact your GP should a situation or disclosure arise that we feel places, or has the capacity to place, you or others at risk of harm.

GP Surgery Name	
Address	
Telephone	

Treatment Details

Hypnotherapy		Please briefly outline your treatment goal:
Guided Relaxation		
Aromatherapy		
Laboratory Health Testing		
Drawing & Talking Therapy		

Consent

I give permission for the child names above to take part in therapeutic, or wellbeing sessions delivered by a Gentle Pace Therapy and Clinical Care. I understand these sessions are supportive and not a substitution for medical care. I agree to share relevant information to ensure my Childs's wellbeing and safety

Guardian to sign & date here:

In line with GDPR regulations all data will be stored securely and never shared with third parties.