

Client Intake Form
Many Rivers II Wellness
Mobile Integrative + Holistic Medicine
+ Reiki + Indigenous + Aromatherapy + Essential Oils + Crystals Healing +

CONSENT FORM
Reiki/ Integrative/ Holistic
Healing on a MINOR

I, _____, am the parent or guardian having legal custody of
Parent or Legal Guardian

_____. I hereby authorize _____
Minor Client *Massage Practitioner*

to administer massage treatment. I verify that the minor client is of sufficient age and aptitude as to provide verbal and written feedback to the practitioner before, during and after the Reiki/ Integrative/ Holistic healing session.

I understand that I am welcome and encouraged to remain in the area where the treatments are being administered. Once the treatments have actually started, I agree to remain in the space to avoid distracting the recipient or practitioner. I further understand that as the parent/guardian, I have the right to place any conditions on the environment and Reiki/ Integrative/ Holistic healing session on behalf of the minor. I agree to list those below in the area provided.

Signature _____
Parent or Legal Guardian Authorized Adult Custodian

Phone (Home or Cell) _____ Date _____

Signature _____ Date _____
Reiki/ Integrative/ Holistic Healing Practitioner

CONFIDENTIAL