VITA REIKI — PARENTAL / GUARDIAN CONSENT FORM
Reiki Session for a Young Person Under 18

YOUNG PERSON'S DETAILS

Name: _____

Date of Birth: _____

HEALTH & WELLBEING NOTES

Please note any conditions, medications, or anything else the practitioner should be aware of for the young person before the session:

CONSENT & ACKNOWLEDGEMENT

By signing below, I confirm that:

- I give consent for the above-named young person to receive a Reiki session at Vita Reiki.
- I understand that Reiki is a complementary therapy and is not a substitute for medical treatment.
- I confirm that sessions for clients under 18 are **no-touch.**
- I agree to be **present throughout the entire session** as a chaperone.
- I confirm that the health information provided above is accurate to the best of my knowledge.
- I understand that I may withdraw consent and end the session at any time.

PARENT / GUARDIAN DETAILS

Relationship to Young Person: _____

Name: _____

Signature: _____

Date: _____