

## BABY REFLEX WORKSHOP – CONSENT FORM – BABY & PARENT



Please complete this consent form for **PARENT** to receive reflexology as a treatment or whilst practicing Baby Reflex techniques.

How did you hear about Baby Reflex?	
Would you like to sign up to my newsletter? <b>YES/ NO</b> (if yes, please supply email address below)	
Where relevant, by subscribing to the Simply Soulful newsletter, you consent to the collection, processing and use of personal information as outlined in the Simply Soulful Privacy Policy, which can be viewed at <a href="https://www.simplysoulful.co.uk/privacy-policy/">https://www.simplysoulful.co.uk/privacy-policy/</a> . You can notify us of any changes in your consent should your preferences change.	
Name of parent:	Name of baby:
Full address:	Home number:  Mobile:
Email:	
Date of birth ...../...../.....	GP Name and Tel:
Are you currently receiving any prescribed, over-the-counter medication or under any medical supervision?	(please circle): <b>YES / NO</b> Details....
Please describe your current health:	
Other comments:	
<b>“I declare the above statements to be true, to the best of my knowledge”</b>	
<p>You have read the above statement and understand that this treatment does not / will not diagnose or cure, but may promote the mental and physical conditions necessary to gain positive health and help prevent ill health; nor does it replace the medical advice of your GP. You agree that you will not change or alter any medication without prior consent from your GP and if you suspect illness of any kind, you will contact your GP immediately. By completing a health questionnaire, you expressly consent to the collection, processing and use of personal information as outlined in the Simply Soulful Privacy Policy which includes assessing whether a holistic treatment is safe and appropriate for you/ your baby. The policy can be viewed at <a href="https://www.simplysoulful.co.uk/privacy-policy/">https://www.simplysoulful.co.uk/privacy-policy/</a>. You understand that it is your responsibility to notify us of any changes in health so that we can ensure holistic treatments continue to be appropriate for you/ your baby. Except as set out within the policy, we do not share, sell, or disclose to a third party, any information collected through health questionnaires (exclusions: emergency services, insurers, professional advisers, legal authorities). You participate voluntarily with the knowledge that Simply Soulful Yoga &amp; Therapies is not liable for death, personal injury, loss or damage suffered.</p> <p><b>I confirm that I will be personally responsible for the giving of Baby Reflex to only my baby; and that I have / or will read the “Guidelines for Reflexology”, “After-care for Reflexology” and “Cautions” as provided by my Reflexologist”.</b></p>	
Signature:	Date:

## BABY REFLEX WORKSHOP – CONSENT FORM – BABY & PARENT



Please complete this consent form for **BABY** to receive reflexology as a treatment or whilst practicing Baby Reflex techniques.

Name of baby:	Full name of parent:
Full address:	Home telephone number of parent:  Mobile telephone of parent:
Email of parent:	
Baby date of birth ...../...../.....  Current age:	Child's GP Name and Tel:
Is baby currently receiving any prescribed, over-the-counter medication or under any medical supervision?	(please circle): <b>YES / NO</b> Details....
Please describe baby's current health:	
Other comments:	
<b>"I declare the above statements to be true, to the best of my knowledge"</b>	
<p>You have read the above statement and understand that this treatment does not / will not diagnose or cure, but may promote the mental and physical conditions necessary to gain positive health and help prevent ill health; nor does it replace the medical advice of your GP. You agree that you will not change or alter any medication without prior consent from your GP and if you suspect illness of any kind, you will contact your GP immediately. By completing a health questionnaire, you expressly consent to the collection, processing and use of personal information as outlined in the Simply Soulful Privacy Policy which includes assessing whether a holistic treatment is safe and appropriate for you/ your baby. The policy can be viewed at <a href="https://www.simplysoulful.co.uk/privacy-policy/">https://www.simplysoulful.co.uk/privacy-policy/</a>. You understand that it is your responsibility to notify us of any changes in health so that we can ensure holistic treatments continue to be appropriate for you/ your baby. Except as set out within the policy, we do not share, sell, or disclose to a third party, any information collected through health questionnaires (exceptions: emergency services, insurers, professional advisers, legal authorities). You participate voluntarily with the knowledge that Simply Soulful Yoga &amp; Therapies is not liable for death, personal injury, loss or damage suffered.</p> <p><b>I confirm that I will be personally responsible for the giving of Baby Reflex to only my baby; and that I have / or will read the "Guidelines for Reflexology", "After-care for Reflexology" and "Cautions" as provided by my Reflexologist".</b></p>	
Parents signature:	Date: