



Healing Through Balance, LLC
214 Main Street, Box 451
El Segundo, California 90245

admin@healingthrubalance.com
310-322-1049

Bringing Balance to the Mind, Body, and Spirit

New Client Parental Consent

I, _____ voluntarily request and consent to my child, _____, receiving Energetic Healing services from Diana Christopher.

I understand and acknowledge that no guarantees have been made to me regarding the effect of Energetic Healing services.

I also understand and acknowledge that these services are not a diagnosis or treatment of any disease, that the State of California does not require Reiki/Energetic Healing practitioners to be licensed or hold any State certification, and that Reiki/Energetic Healing is merely an aid to balancing my child's energy to promote his/her general wellness.

I understand that prior to my child's first Energetic Healing session I will receive a verbal explanation of a generic Energetic Healing session and that I may refuse any and all services on behalf of my child at any time during any Energetic Healing session I choose to allow him/her to participate in.

I understand that Diana upholds the highest standards of care and professionalism and as an IARP Registered Reiki Professional abides by the IARP Code of Ethics, a copy of which is displayed in her office space.

I understand that Energetic Healing is not a substitute for medical treatment or medications and that it is recommended that I also work with my child's Doctor/Primary Caregiver for any medical conditions s/he may have. I am aware that an Energetic Healing practitioner does not diagnose illness or disease and does not prescribe medications or supplements.

If myself or my child experience any discomfort during any Energetic Healing session it will be immediately communicated to the practitioner so that the treatment can be modified or discontinued.

Child's Name (printed): _____

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Name (printed): _____

January 17, 2021