



Parent Consent Form

Title _____ First Name _____ Surname _____ DOB _____

Address _____

Home Phone _____ Work Phone _____ Mobile _____

Occupation _____ Email _____

Relevant Medical History/known allergies/anything else we need to be aware of about your child:

GP's Name & Address:

Main things your child is struggling with/experiencing:

Consent & Disclaimer

I give consent for my son/daughter to attend the Happy Kids Sussex group sessions which involve a combination of EFT/NLP/ Meditation/Play therapy. I understand that this may involve direct contact working points or meridians on the body or tapping specific points. I also understand that the therapists are NOT mental health practitioners and DO NOT substitute medical or psychological diagnosis or treatment by a qualified medical practitioner. I understand that I MUST inform my GP of any physical or psychological problem(s) my child may have now or in the future. I hereby release Happy Kids Sussex Limited, and any therapists associated with their sessions, from any liability resulting from the use of equipment, materials, preparations or therapy received and assume full responsibility for all risks in connection with myself or my child attending the sessions.

I further confirm that all information I have provided is true and accurate.

Childs Name: _____ Childs D.O.B _____

GDPR

I understand that my email address and phone number will be used for communications concerning sessions only or for 1:1 communication from therapists. Your details WILL NOT be used for promotions but will be used to advise you of additional workshops we may be running . Your details WILL NOT be given to any third parties. Your files will be kept for a period of TWO years, after this time they will be shredded.

Signed: _____

Date: _____