



Holistic Health & Healing

Home of Power of the Mind Healing Center

Counseling, Hypnotherapy, Meditation, Scenar® Therapy (pain), Tuning Fork Cymatic Therapy, WC™ Laser Therapy, Transcutaneous Acupuncture™, Life Coaching, Acupressure, Essential Oils, Skype/Phone Therapy, EFT, Chakra & Energy Healing, Angel/Oracle Card Readings Biofeedback, Neural Efficiency Optimizer, Transcranial Therapy, and Neurotherapy

Dr. Sharon A. Jackson, Ph.D.

Metaphysician, Counseling Psychologist, Certified Clinical Hypnotherapist, Holistic Practitioner
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Parental or Custodial Consent

Date

I am the legal guardian for _____,
Minor's Name

whose date of birth is _____.

My relationship to the above minor child is _____.

With regards to the above-mentioned minor, I, the undersigned, understand and give my consent for the following:

I understand that the program of conditioning offered by you will include an undetermined number of private sessions, depending on individual needs.

I understand and agree that the major purpose of this program is for Vocational or Avocational Self-improvement and that those problems of psychogenic or functional origin are treated by psychological or medical referrals only (Business and Professions Code 2908). I also understand that there are no guarantees as to the results or progress to be made, only that you will, to the best of your ability, endeavor to accomplish the objective of the sessions.

Printed Name of Legal Guardian

Signature of Legal Guardian

Driver's License Number of Legal Guardian

Issuing State