



POWER OF THE MIND® HEALING CENTER

Counseling, Hypnotherapy, Scenar® Therapy,
Tuning Fork Cymatic Therapy, Essential Oils and Reiki Energy Healing

For a Healthy Body, Mind, and Soul

In Association with Healing Light Ministries

Dr. Sharon A. Jackson, Ph.D.

Metaphysician, Counselor, Certified Clinical Hypnotherapist
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Parental or Custodial Consent

To be used with any client under the age of 18 years

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