



# The Children's Reflexology Programme

## Additional Needs Reflexology

## CONSENT FORM

Please fill in the form in as much detail as possible.

All information is held in strict confidence.

<b>Professional Practitioner</b> <input type="text"/>	<b>Name of Child</b> <input type="text"/>
<b>Job Title</b> <input type="text"/>	<b>Name of Parent</b> <input type="text"/>
<b>Organisation</b> <input type="text"/>	<b>Conditions e.g. reflux, constipation etc</b> <input type="text"/>
<i>I confirm that I have read and understood the advice and agreement below.</i>	
<b>Signed</b> <input type="text"/>	<b>Date</b> <input type="text" value="DD/MM/YY"/>

### General information

I have been trained by a specially qualified Additional Needs Instructor in The Children's Reflexology Programme for Additional Needs to deliver this delightful and fun complementary therapy within my professional setting.

Reflexology is a gentle, relaxing, non-invasive complementary therapy that is applied to areas on the foot or hands, called reflexes. It is particularly effective in children as it promotes a lovely feeling of relaxation and well being and offers an opportunity for the child to bond through therapeutic touch with their carer.

Reflexology is not a substitute for medical attention. If your child is unwell or if you have any concerns about your child's health please seek appropriate medical help.

### Agreement

By signing you are agreeing to the following:

- You have read the general advice above and are happy for your child to be included in The Children's Reflexology Programme and receive regular reflexology from me in The Children's Reflexology Programme within this setting.
- If you have any doubts regarding your child's health you will seek the advice of a medical professional before proceeding.
- You will keep us informed of any health issues that arise for both you and your child that may be relevant to treatment.

