Body Stress Release
Gail van Beest

DECLARATION OF CONSENT FOR MINORS

- **Children up to 12 years:**
Not legally competent, parents/guardians/guardians must give permission for each treatment and sign this form with the practitioner for each treatment.

- **Minors from 12 to 16 years old**:
Potentially mentally competent, all treatments require the consent of both the minor and the parents/guardians/guardian, this form is signed with the practitioner.

- **Minor from 16 to 18 years old:**
In principle, this form does not have to be signed for treatment, unless the minor is not legally competent.

If there is not one but two authoritative parents/guardians/guardians, this form must be signed by both authoritative parents/guardians/guardians and the practitioner.

By doing so, you consent to the treatment of the Body Stress Release of the under-mentioned minor at the Body Stress Release Aurora practice. In addition, you must also digitally agree to the privacy statement, general terms and conditions and treatment agreement, as they were received digitally prior to the intake.

The undersigned declare that parents/guardians/guardians supervise the rights of the minor with regard to this treatment.

Date of first treatment authorised by this document: ……..

Name of Minor:……

Date of birth of minor:……

Possible signature of a minor (> 12 years old) :……

Name/signature of parent 1(caregiver/guardian):……..

Name/signature of parent 2(caregiver/guardian): ……

Name/signature practitioner: Gail van Beest ……