



David A. Blender, CPC, CCH, CH

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Hours By Appointment Only.

Complete Form Information for any client under the age of 18 years

PARENTAL CONSENT FORM

Date

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

Whose date of birth is _____.

My relationship to him/her is _____.

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

I understand that the Hypnotic Therapeutics Hypnosis Change Work Program 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. 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