

Subconscious Interpersonal Interaction Session

Parental Consent Form

I, _____, the parent/legal guardian of _____, hereby give my consent for a session or sessions in Subconscious Interpersonal Interaction with Elizabeth de Prospero. I have read and understand the information presented on the Web site "www.openingconsciousness.com" detailing the purpose and process of these sessions. I am aware that SIPI will neither diagnose nor prescribe for any conditions. I agree that I as a parent/legal guardian am responsible for seeking consultation and treatment by a licensed physician, nurse practitioner or therapist for any physical or mental complaints identified and shared by the client to the parent/legal guardian. I also understand that confidentiality between _____ and the practitioner will be maintained unless there is evidence of harm to self or others.

Parent/Legal Guardian

Date

Client

Date

Witness to both Signatures

Date