



K R I S T A
BAEZ-MALDONADO, CMH



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Parental Consent for Hypnosis Services

Krista Baez-Maldonado, CMH
Certified Master Hypnotist

Date: _____

I am the legal guardian of _____
Minor's Name

Date of Birth: _____

My relationship to the minor is: _____

With regard to the above-mentioned minor, I, the undersigned, understand and give my consent for hypnosis services provided by Krista Baez-Maldonado, CMH.

I understand that the program of conditioning offered may include an undetermined number of private hypnosis sessions, depending on the minor's individual needs and goals.

I understand and agree that the primary purpose of hypnosis services is for vocational or avocational self-improvement. I further understand that hypnosis services are non-diagnostic and do not include the practice of medicine or psychology. Any problems of psychogenic or functional origin are treated by licensed psychological or medical professionals, and appropriate referrals may be recommended when necessary (Business and Professions Code 2908).

I understand that there are no guarantees as to specific results or progress, and that Krista Baez-Maldonado, CMH, will make every reasonable effort to support the minor in achieving the objectives of the sessions.

I acknowledge that hypnosis services are not a substitute for licensed medical or psychological care. _

Printed Name of Legal Guardian: _____

Signature of Legal Guardian: _____

Driver's License Number of Legal Guardian: _____