# SAMPLE 3 – STUDENT/APPRENTICE

**ENERGY MEDICINE CONSENT FORM**

# Consent for Energy Medicine Session

I have received information and understand that Energy Medicine is a gentle, complementary energy-based approach to health and healing that can assist my body in its natural ability to heal. I fully acknowledge and understand that this is accomplished through the use of contact and/or noncontact touch.

It has been explained to me, that Energy Medicine is a complementary therapy not intended to replace any currently prescribed medical treatments as ordered by my physicians nor any other medical care I have I may be advised to seek by them.

I have been informed of my practitioner’s education and certifications. I am aware that they will not diagnose any medical condition nor prescribe for any condition that I might have. S/he does not make any specific claims regarding results from the Energy Medicine sessions that I receive.

I have been encouraged to consult a licensed medical practitioner for any physical or mental complaints I may have.

Some of the indications for a Healing Touch session include, but are not limited to:

* Reduction in pain, anxiety and stress
* Decrease in nausea
* Preparation for medical treatment and procedures and to manage side-effects
* Support during chemotherapy
* Supports the body’s natural healing process and sense of well-being
* Facilitation of wound healing
* Emotional-Mental-Spiritual support

I have been informed that all client information and records are treated in a confidential manner. My experiences during these sessions are confidential subject to the usual exceptions governed by state or federal laws and regulations.

Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless my Energy Medicine student practitioner, from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).

My questions have been answered to my satisfaction regarding my Energy Medicine student’s background, the method(s) they use, and what I might expect from this session.

I give my consent to receive Energy Medicine session(s) from \_\_\_\_\_\_\_\_\_\_\_\_\_\_(NAME of STUDENT PRACTITIONER),**.**

Signature Date

Parent/Legal Guardian Signature Date

Witnes Date