

Consent Form for giving Healing to a Child

I.....(print name)

of.....

.....

.....(address)

give my consent for.....
(child's name)

to receive spiritual healing at
(place)

I understand that according to law a medical doctor must be consulted concerning the health of my child

I will inform the healer if the child has a pace maker or uncontrolled epilepsy

Signature of parent.....

Signature of healer.....

Name of healer.....

Date.....