

**Consent Form for an Adult who does not have the Mental Capacity to provide Consent to receive Healing**

I..... (print name of person responsible for the welfare of the person named below)

of.....

.....

.....(address)

declare that I am responsible for the welfare of.....  
(Please print name of the adult who is to receive healing)

and give my consent for them to receive spiritual healing at

..... (place)

I understand that according to law I must act in the best interests of the above named person and that I have been advised to consult a medical doctor concerning their health.

I will inform the healer if the adult to receive healing has a pace maker or uncontrolled epilepsy.

Signature of person responsible for the welfare of the named person:

.....

Signature of healer:.....

Name of healer.....

Date.....