

PARENTAL CONSENT FORM

Student Name: _____

Age: _____ Birth Date: _____

Address: _____ Phone: _____

City: _____ Postal Code: _____

To: HCP Reflexology Institute

The undersigned, being the lawful parent or guardian, do hereby give permission for my (our) son/daughter,

to attend and participate in the

_____ Course,

taught by HCP Reflexology Institute. I (we) understand that I (we) shall be liable and agree to pay all costs and expenses associated with the course.

Dated this _____ day of _____, 20_____.

Signature(s)

Print Name(s)