

Joyce Bryan, CMT-CST-T
CranioSacral Therapy
Pediatric Informed Consent Form

I understand that Joyce Bryan is certified by the state of California as a Massage Therapist, allowed to perform all the services contained within the scope of practice of their California State Massage Therapy Certification.

I further understand that Joyce Bryan is trained in Pediatric CranioSacral Therapy by the Upledger Institute, and I agree for her to use CranioSacral Therapy to help my child reduce any stress, enhance the quality of his or her life, and heal him/herself. I also understand my child's body has the ability to heal itself and that he or she might experience some discomfort as emotional issues arise while his/her body is healing itself.

I understand that I am responsible for my child's healthcare, healing and well being. I also understand that CranioSacral Therapy is not a substitute for adequate medical care, and I intend to keep my child under the care of his or her primary healthcare provider.

Policies and Procedures: I understand that Joyce Bryan charges an hourly fee, due at the time services are rendered. I understand that Joyce Bryan will not accept responsibility for my decisions regarding my child and will not make any decisions for me. I understand that I am responsible for my own decisions regarding my child's health, nutrition, wellness, and any interventions I decide to try for my child.

I understand that if my child has, or if I think my child has, a medical concern, a psychological or emotional concern, condition, disease, disorder, or symptoms, Joyce Bryan will only help my child reduce any related stress, and if requested, they will refer me to a licensed counselor or medical physician for further assistance with my child.

I acknowledge I have read and understand this form. I agree to allow Joyce Bryan help my child and me learn how to heal him/herself using the natural healing techniques and modalities herein listed.

Client Name: _____ **Parent Name:** _____

Address: _____

Phone: _____ **Email:** _____

Parent/Guardian Signature: _____ **Date:** _____