

MARCIA PROCTOR HYPNOTHERAPY

Marcia D. Proctor, CHT

PARENT/GUARDIAN PERMISSION FORM

Please note that as of _____, I am recommending my child, _____, to undergo hypnotic conditioning and suggestion for the following purpose(s):

I understand that Marcia Proctor assumes no responsibility, expressed or implied, whatsoever for the outcome of the process, and for guaranteeing its efficacy, and I take full responsibility for the results.

NAME OF PARENT OR GUARDIAN

(please print clearly)

ADDRESS

SIGNATURE

CITY, STATE, ZIP

DATE

PHONE NUMBER