



TREATMENT DECLARATION ON BEHALF OF MY CHILD

I take full responsibility for my child's health and well being and accept the outcomes of any advice or treatment I receive about my child in this clinic as being complimentary to, and not an alternative to, qualified medical treatments.

I will consult my GP regarding supplements if my child is taking medication

Signed Date.....

DATA PROTECTION 2018 - CHILD TREATMENT AGREEMENT

I am the parent of
and I agree to Emma Downing at Grounded Health holding my child's personal treatment record details.

I understand that:

- All personal information about my child will be kept confidential at all times
- It will only ever be shared when necessary to support my child's care and treatment
- If my child's information is used for other purposes, with the exception of when the law requires, I will be asked to give my consent
- I may voice my concern about my child's data at any time
- I can ask for my child's data to be sent to another therapist or person at any time

Signed:

Printed name:

Date: