



**General Consent Form for Child(ren) Under 18 Years of Age**

I, \_\_\_\_\_, the undersigned parent/guardian (circle one), hereby grant, of Alison Broadley CCH, RSHom(NA) the authority to obtain homeopathic care for the following child(ren):

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

This grant of temporary authority shall begin on \_\_\_\_\_, and shall remain effective until terminated by the undersigned or client has turned 18 years of age, whichever comes first.

In the case of an emergency, the care provider should first try to contact the parent(s)/guardian. If parent(s)/guardian cannot be reached, the care provider should then contact the following person(s) in the order listed below:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_  
Preferred Phone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_

Alison Broadley has been in practice since 2007. She is registered with The North American Society of Homeopaths [RSHom(NA)] and is certified with the Council for Homeopathic Certification (CCH). She has agreed to abide by the Code of Ethics of each of these organizations.

Homeopathy views health and illness in a holistic manner and this view is different from the standard, conventional approach which usually limits its concerns to individual symptoms. In working with the whole person the homeopath regards the mental and emotional as well as physical aspects as important. A minor aggravation or worsening of some symptoms may occur as a part of the general healing process.

Confidentiality

I understand that all information disclosed is confidential and may not be revealed to anyone without written permission, except where disclosure is required by law. Disclosure may be required in the following circumstances: a reasonable suspicion of child or elder abuse; a reasonable suspicion that a client presents a danger to him or herself or to others.

Consultation

I authorize discussion of my child(ren)'s case notes with other professional homeopaths should assistance in remedy selection and/or symptom analysis be required for my child(ren)'s best interest be served by such a consultation. In so doing, his/her/their right to privacy will be protected by withholding my name and all other identifying information.

Consent of Parent(s)/Guardian:

I am 18 years of age or older and have voluntarily chosen homeopathic treatment for my child(ren). I understand that Alison Broadley is a homeopath and not a medical doctor, and it is therefore recommended that I retain the services of a primary care physician for appropriate evaluations and check-ups for my child(ren). I further understand that Alison Broadley does not diagnose, treat or prescribe for any particular symptom, disease or condition. I understand that she will work on increasing my child(ren)'s general vitality and constitutional strength.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_