

HOMEOPATHIC CONSENT FORM

I/We _____ consent to allow my child _____
(insert name of parent or parents) (insert name and age of child)

to obtain homeopathic treatment from Sinéad Hurley – Registered Homeopath

Signature of parent/parents

Address of parent/parents

Contact Numbers of parent/parents

SINÉAD HURLEY 
REGISTERED HOMEOPATH

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