

 **1 Minor Client Consent Form**

(For Clients Under 18)

Ozigbo's Herbal Healing

Parental Consent for Minor Wellness Services

Minor Information

Child's Full Name: _____

Date of Birth: _____ Age: _____

Parent/Legal Guardian Name: _____

Phone: _____ Email: _____

Address: _____

Nature of Services

I understand that Ozigbo's Herbal Healing provides holistic wellness education and herbal support services, which may include:

- Herbal recommendations
- Nutritional guidance
- Lifestyle wellness support
- General wellness education

These services are not medical care and do not replace services from a licensed pediatrician or healthcare provider.

Medical Supervision Acknowledgment

I understand that:

- The practitioner does not diagnose or treat medical conditions.

- I am responsible for maintaining care with my child's licensed healthcare provider.
- Any herbal or nutritional support should be discussed with my child's physician.

I agree to disclose all medications, supplements, and medical conditions affecting my child.

Safety & Responsibility

I understand that:

- Herbal products may have potential interactions.
 - I am responsible for administering any recommendations.
 - I may discontinue services at any time.
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Consent Statement

I certify that I am the parent or legal guardian of the above-named minor and authorize Ozigbo's Herbal Healing to provide holistic wellness services to my child.

Parent/Guardian Signature: _____

Date: _____

Practitioner Signature: _____

Date: _____
