

Informed Consent

I, _____, do hereby acknowledge that it has been fully explained to me that my health care practitioner, *Kayla Moonwatcher, ND, CHom.* is **NOT A MEDICAL DOCTOR**. I further acknowledge that she has informed me that she is currently practicing as an alternative holistic health care practitioner (including, but not limited to: naturopathy, homeopathy, herbalism, nutritional counseling, aromatherapy, reiki, reflexology, spiritual shamanic journeys, aromatherapy, cleanses, health intuitive/body scans and Access Consciousness).

I further understand that it is not within her scope of practice to diagnose, prescribe allopathic drugs, admit me to a hospital, perform surgery, etc., and that I should obtain a medical doctor and/or go to an emergency room whenever I require these types of medical services.

Being fully informed as noted above, I hereby give *Kayla Moonwatcher, ND, CHom.* permission to offer alternative holistic health care to:

_____ Myself
_____ My Child: _____
_____ My Child: _____
_____ Other: _____

Signed this _____ day of _____, 2_____.

Patient / Parent / Guardian