

## Consent for Family Sessions

I, the undersigned, do hereby consent to family play sessions for my child (ren)

\_\_\_\_\_ with Angela Ferri, MA, LMT, ATMAT, RCST, PE. These sessions include play with balls, stuffed animals, puppets, tunnels, slides, tents, small toys, baby dolls, styrofoam swords, and more. The play is about following the child and what naturally arises during play in the nervous system. The parent is always involved in the play and all the games and techniques used are explained to the parent. A big part of the play is to teach settling, rest and integration. In that regard, most sessions with children include biodynamic craniosacral therapy.

Therapy with families does not include diagnoses of conditions, psychotherapy, or medical treatments of any kind, and all information is given in the form of education, support and resource to accompany the treatments.

I understand that Angela cannot make any promises or guarantees with regard to specific medical challenges. Also, I agree to keep Angela updated as to any changes the medical profile of the child.

I understand that payment is due at the time services are rendered. If I need to change or cancel my appointment, I will do so with a minimum of 48 hours to avoid being charged for the session. No fee is required in cases of illness or emergency.

I give permission for information from my sessions to be used, keeping me anonymous, in Angela's personal supervision sessions, and educational material for her presentations.

\_\_\_\_\_ Home Phone: \_\_\_\_\_  
Print Name of Parent

\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Signature

\_\_\_\_\_ Email: \_\_\_\_\_  
Date