

Parental Release Form

I/We, the undersigned parent(s), hereby grant care provider, Angela Ferri/Body and Soul Healing Arts, of 136 Green Turtle Lane, Charlottesville, Virginia 22901, the authority to provide Maya Abdominal Therapy for our daughter;

Name of child: _____

Birthdate: _____

This grant of authority shall begin on July 18th, 2013, and shall remain effective until terminated by the undersigned.

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

1.) Name: _____

Relationship: _____ Preferred phone #: _____

Other phone #: _____

Address: _____

Place of employment: _____

2.) Name: _____

Relationship: _____ Preferred phone #: _____

Other phone #: _____

Address: _____

Place of employment: _____

Dated: _____

parent

parent

Address: _____

Preferred phone: _____ Alternate phone: _____