



BIANCA CASSINGENA
HEALING SUPPORT

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Email: Bianca.cassingena@gmail.com

CONSENT FORM FOR UNDER 18

I, _____

(name)

(date of birth)

have asked Bianca Cassingena to help me. I am aware that she is a wellness practitioner and uses several modalities in her sessions. I have asked for her assistance.

I agree that Bianca Cassingena can inform both/one/neither of my parents regarding the contents of my session.

_____, _____

(mother)

Telephone no

_____, _____

(father)

Telephone no

(name)

(date)

(sign)

Instagram and Facebook:
[@BCHealingSupport](#)

Website:
www.biancacassingena.com