



**PARENTAL CONSENT FOR NUTRITION COUNSELING
FOR CHILDREN UNDER 18 YEARS OF AGE**

_____ (child's name) has our permission to receive nutritional advice and care by Wellness by Sandra, Inc. We understand that some personal information will be shared. We understand that the services provided by Wellness by Sandra, Inc. are not to cure any diseases or disorders, but to improve the health and lifestyle of the child.

PARENT'S SIGNATURE: _____

TODAY'S DATE: _____