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**Informed Consent Agreement for Aromatherapy Consultation**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, indicate my agreement with the following statements below regarding aromatherapy consultation services with Michelle Whitley at Dancing Bee Naturals:

\_\_\_\_\_\_ I give consent to the aromatherapist (Michelle Whitley) to evaluate and consult with me and to devise an aromatherapy support plan for me. I confirm that I am seeking the consultation voluntarily and I am not bound to follow the aromatherapy support plan unless I so choose.

\_\_\_\_\_\_ I understand that the aromatherapy services I am receiving include holistic wellness protocols and that these services are **not** to be construed as a medical diagnosis or prescription.

\_\_\_\_\_\_ **I understand that the recommended holistic protocol is not a substitute for medical treatment or medications, and that the aromatherapist recommends that I concurrently work with my primary medical caregiver for any condition I may have.**

\_\_\_\_\_\_ I have informed the aromatherapist of all known physical and medical conditions (including pregnancy), as well as medications and supplements I am taking, and I will update her on any changes.

\_\_\_\_\_\_ I give consent for the aromatherapist to consult with any health care provider or other practitioner that I am seeing/have seen. I give permission for those providers to share information that may assist the aromatherapist with my aromatherapy support plan. *(This is optional, please only initial if you consent).*

\_\_\_\_\_\_ I understand that I am financially responsible for the cost of the consulting services of the aromatherapist and the products used for my support plan.

\_\_\_\_\_\_ I understand that it is my responsibility to follow all safety instructions provided, including refraining from ingestion, internal use, or undiluted application of essential oils AND keeping any aromatherapy products out of the reach of children or pets.

\_\_\_\_\_\_ I agree not to hold the aromatherapist or Dancing Bee Naturals responsible for any negative outcomes as a result of the provision of this service.

Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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