



skin body soul

## Ear Candling Consent

I understand that the ear candling session given here is for the purpose of stress reduction, health aid, or for increased circulation and energy flow. I understand that the esthetician does not diagnose illness, disease, or any other physical or mental disorder. As such the esthetician does not prescribe medical treatment or pharmaceuticals. It has been made clear to me that this session is not substitute for a medical examination and/or diagnosis and is recommended that i see a physician for any physical ailments i may have. I have stated all my known medical conditions on the client intake form and take it upon myself to keep the esthetician updated on my physical health. By signing the release, I do hereby waive the release esthetician from all liability past, present and future.

Signature: \_\_\_\_\_

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

### Consent to treat minor

By my signature below, I hereby authorize the esthetician at Lake Medical Spa to administer ear candling to my child or dependent as they deem necessary.

Guardian Signature: \_\_\_\_\_

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