**Consent to hold your information**

**All information will be treated with the strictest confidentiality, and we take the responsibility of holding your data very seriously.**

I (Name)…………………………………. hereby give my consent to Oliver Noronha holding my personal information.

***I am completing this on behalf of a minor (under 18) yes/no***

***(Please note that both parents have to sign for their child)***

Signed………………………………………………... Date…………………………………………….

Signed…………………………………………………

(If child is a minor)

*To be filled if applicable*

***NO OBJECTION OF THE PARENTS***

We, ……………………………………………………………… & ………………………………………………………….

have no objection that our son/daughter …………………………………………………………...... receives homeopathic treatment from Oliver Noronha Klassieke homepaat, for his/her ailment.

Signed………………………………………………... Date…………………………………………….

Signed………………………………………………... Place……………………………………………….

***CONSENT FOR HOMEOPATHIC TREATMENT***

I, ………………………………………………………. am aware that the homeopathic line of treatment is only a sideline of treatment and not the mainline of treatment for my disease.

***I am completing this on behalf of a minor (under 18) yes/no***

***(Please note that both parents have to sign for their child)***

Signed…………………………………………………. Date……………………………….

Signed………………………………………………… Place ……………………………….

(If child is a minor)