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## Homoeoprophylaxis Consent Form

Date:.....

I, ..... am the legal guardian/parent of .....  
..... and I hereby declare that:

- I understand that no prophylactic treatment guarantees immunity from infectious disease
- I understand that evidence for the efficacy of homoeopathic prophylaxis is limited and is not accepted by public health authorities
- the practitioner has informed me that there is a range of evidence and views in regard to homoeoprophylaxis
- I have selected homoeoprophylaxis by free and informed choice, not as a result of pressure from the practitioner.
- The practitioner has made me aware of the NHMRC guidelines and management strategies for acute infectious childhood illnesses.

Signed.....(guardian/parent)

Signed.....(practitioner)