

**CONSENT FORM
Child's Information**

Name: _____

First

Middle*

Last

DOB: ____/____/____ Sex: M F

Address: _____

City

State

ZIP

Phone: (____) ____ = _____

Please include middle name, whenever applicable. This will be used when scolding during the session.

Parent/Guardian Information

Name : _____

Address (if different from above) : _____

City

State

ZIP

Phone: (____) ____ = _____

Reason for Today's Visit

___ **Disciplinary/Punishment**

___ **Judicial**

___ **Maintenance**

___ **Attitude Adjustment**

___ **Other** _____

___ **Needs a Warning**

Please provide some detail of your child's offense:

Please indicate desired level of discipline to be administered.

Light Moderate
 Heavy Severe
 Blistering

State of Dress

Fully Clothed
 Underwear Only
 Bare below Waist
 Naked

Indicate which implement(s) you are authorizing for use by initialing next to each.

Hand
 Hairbrush
 Belt
 Flyswatter
 Pocket Paddle
 Bathbrush
 Carpet Beater
 Single Cane
 Cane Bundle
 Switch
 Wooden Paddle 1
 Wooden Paddle 2
 Leather Paddle
 Heavy Strap
 Tawse

I authorize the disciplinarian to use their best judgement.

Other Disciplinary Options

Please mark any and all other options that you are authorizing for your child to receive during their disciplinary session today.

Cornertime before spanking
Max Duration _____ minutes

Cornertime after spanking
Max Duration _____ minutes

Scheduling a followup visit for an additional session

Sentenced to a Grounding
Max Duration _____ days/weeks

Community Service (to be determined)

Lines
Min number _____ Lines

Punishment Essay
Min Length _____ words/pages

Please put my child on a regularly scheduled maintenance spanking regimen.

Please initial next to all options you are selecting

I hereby authorize the Community Disciplinary Clinic (hereinafter CDC) to administer the corporal punishment and other discipline selected herein to my child, and agree to hold the CDC blameless of any and all wrongdoing. I understand and acknowledge that marks, including but not limited to reddened skin, bruises, welts, and blisters can and probably will occur on my child's bottom and thighs according to the severity authorized.

I choose to witness not witness my child's disciplinary session in person via CCTV

Signature _____ Date: ____/____/____