



Dear Parent,

We are excited to offer you the Homeoprophylaxis program as overseen by Free and Healthy Children International; A forty four month self-administered immune system education program towards infectious contagious disease.

Included is a personal waiver for the Certified HP supervisor who will remain your point of contact for the duration of the program. Your HP supervisor is there for questions and support in relation to the administration of the program, dosing, and remedy responses if needed. They are also available for private consultations regarding other health matters as delineated by their posted fee schedule

We thank you for your willingness to explore an alternative method of educating your child(ren)'s immune systems through the systematic use of Homeopathic nosodes. We thank you for partaking in a cultural shift of the vaccine paradigm regarding how to keep infectious disease incidence low while also improving the long term health outcomes of your children.

FHCi has been doing research on HP since 2009 and will have results published sometime in 2018. As FHCi operates out of the state of MN we have attached the MN Bill of Rights form to this document.

Free and Healthy Children International
1614 Harmon Place, Suite 204
Minneapolis MN, 55403
<http://freeandhealthychildren.com/>
IRS 501(c)3 Non-Profit
EIN 46-2093772

Waiver for HP Supervisor to Homeoprophylaxis Program for Infectious Disease

File No(s) _____ Parent's Name: _____

Mailing Address: _____

City _____ State _____ Zip Code: _____

Phone Number: _____ E-mail: _____

Child's Name: _____ Date of Birth _____ Start age (Months) _____

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I understand that _____ is the HP Supervisor for the administration of this program.

I understand that _____ is/ is not a medical doctor. However she/he practices Homeopathy in accordance with State or provincial law:

I am voluntarily choosing this method of disease prevention for my child(ren), and am not mis-representing myself for any reason. I will not hold the HP Supervisor or FHCi liable or financially responsible for any particular outcome regarding the health of my child in relation to this program. I understand the purpose of HP is to stimulate my child's health and immune system so that it will become less susceptible to contracting infectious contagious disease. I also understand that in the 20 years of study of HP there has never been an adverse event reported.

I understand that no method of prevention can be guaranteed to be 100% effective, vaccination or HP, and that my child, if exposed to a particular infectious contagious disease, may in fact contract the disease. I also understand that with any form of prevention there are risks and reactions that may occur.

I agree to discuss my concerns with the HP Supervisor and to seek appropriate medical treatment, homeopathic or otherwise, should the need arise.

Signature
Relationship to child(ren) _____

Date

Witnessed

To be retained with HP Supervisor
HP Supervisor include Bill of Rights eg: following page; modify as needed

Patient's Bill of Rights and Responsibilities

Patient Name: _____

Section 381.026, Florida Statutes, addresses the Patient's Bill of Rights and Responsibilities. The purpose of this section is to promote the interests and well being of patients and to promote better communication between the patient and the health care provider. Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows.

A patient has the right to:

- Be treated with courtesy and respect, with appreciation of his or her dignity, and with protection of privacy.
- Receive a prompt and reasonable response to questions and requests.
- Know who is providing medical services and who is responsible for his or her care.
- Know what rules and regulations apply to his or her conduct.
- Be given by the health care provider information such as diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- Refuse any treatment, except as otherwise provided by law.
- Be given full information and necessary counseling on the availability of known financial resources for care.
- Receive prior to treatment, a reasonable estimate of charges for medical care.
- Receive a copy of an understandable itemized bill and, if requested, to have the charges explained.
- Receive medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.
- Receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- Know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such research.
- Express complaints regarding any violation of his or her rights.

A patient is responsible for:

- Giving the health care provider accurate information about present complaints, past illnesses, hospitalizations, medications, and any other information about his or her health.
- Reporting unexpected changes in his or her condition to the health care provider.
- Reporting to the health care provider whether he or she understands a planned course of action and what is expected of him or her.
- Following the treatment plan recommended by the health care provider.
- Keeping appointments and, when unable to do so, notifying the health care provider or facility.
- His or her actions if treatment is refused or if the patient does not follow the health care provider's instructions.
- Making sure financial responsibilities are carried out.
- Following health care facility conduct rules and regulations.

Initial Health Profile (one form per child)

A. File number _____ B. Date _____ C. HP Supervisor _____

D. Name of child _____ E. Sex M _____ F _____

DOB _____

F. Age at time at registration (years and months, exact) _____

H. List of all previous vaccinations if any (including the number of doses) _____

Please indicate if your child has been exposed to or contracted any of the following diseases and the dates

Whooping cough _____	Pneumonia _____
Polio _____	Haemophilus inf B _____
Mumps _____	Meningitis _____
Measles _____	Tetanus _____

Please indicate if your child experiences any of the following conditions; include frequency and intensity.

Indicate ***Current or Past.***

Frequency Key:

Intensity Key:

0 – Never
 1 – Rarely; 1 – 2 times a year
 2 – Occasionally; 3 – 6 times a year
 3 – Frequently; 1 time per month
 4 – Chronically; all the time

0 – Never
 1 – Almost not noticeable
 2 – Mild
 3 – Moderate
 4 – Severe

Condition – Circle C or P	Frequency	Intensity
Physical Conditions		
Ear Infections C P		
Colds/Sore throats/Coughs C P		
Seasonal Allergies C P Type:		
Food allergies C P Which foods:		
Asthma C P		
Eczema C P		
Behavioral conditions		
Violence C P		
Mood swings C P		
Fears C P		
Learning disorders		
Speech delay C P		
Disturbance in cognitive function C P		
Disturbance in social function C P		
Neurological conditions C P		

Submit to HP Supervisor, with consent form upon registration and keep a copy for your records.

Fee Schedule for Homeoprophylaxis Program

Main Homeoprophylaxis program includes:

HP Program Booklet; Status Sheet; Waivers; FL Bill of Rights; HP Supervisor’s Credentials and Fees.

Also included: Remedy Kit with sufficient remedy doses for 4 years of Homeoprophylaxis; Initial brief consultation; and intermittent telephone inquiries regarding the program for entire course of the program. (Modify per supervisor as needed)

One-time fee (for up to 4 children) in the same family at time of registration	\$30 0 or	\$200 one child, \$150 for all other additional children
booklet per child	\$7.50	
HP Kit (Need a second kit for more than 4 children)	\$88	
Additional remedies not in the main program or replacement vials	\$7 each	
Shipping	\$7.50 -\$49.50 depending	
Sales Tax on kit in CA	Depends on city	
Additional surcharge for East and west Coast states	Max \$100	
Practitioners can reduce base cost on a sliding scale fee if they feel it necessary	Reduce base fee up to \$100	
Base cost total, plus booklet costs	\$395.5 (\$295 for one child)	

Fees for Homeoprophylaxis Program and remedies are non-refundable regardless of continuation in program. Remedy Kits are non-refundable after point of sale.

Regular office fees for HP Supervisor:

Please contact Heather Crider for more information regarding office fees – special prices are offered to children in the program.

Credentials, Affiliations and Associations

For HP Supervisor

NCNM – N.D. degree 2009