**Pan-a-c-ea Massage & Wellness Studio**

Minor Consent Form

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| --- | --- |
| **CLIENT (MINOR) NAME** | **CLIENT (MINOR) DATE OF BIRTH** |
| **PARENT/GUARDIAN NAME (PLEASE PRINT)** | **TODAY’S DATE** |

**BY SIGNING BELOW, I HEREBY AUTHORIZE:**

**This Panacea Massage and Wellness Studio and its certified massage therapy staff to administer massage therapy as deemed necessary to my son/daughter, who is listed above. I also approve of any future treatment sessions. I understand, that as a parent or guardian, I have the option to remain in the treatment room during the session or to enter at will during the session, provided I knock quietly before doing so.**

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| **PARENT/GUARDIAN SIGNATURE** | **DATE** |