



# DANCING TOUCH MASSAGE

## Florida Minor Client Massage Consent & Authorization Form

### Minor Client Information

Full Name of Minor: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

### Parent / Legal Guardian Information

Full Name: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Description of Massage Therapy

Massage therapy in the State of Florida involves the manipulation of soft tissues of the body for therapeutic purposes including relaxation, movement support, and general wellness. Massage therapy is not a substitute for medical diagnosis or treatment.

Dancing Touch Massage provides professional, non-sexual massage therapy only.



## **Draping, Clothing & Professional Boundaries**

- The minor will remain fully clothed or properly draped at all times
- Only therapeutic areas necessary for treatment will be exposed
- Sexual or inappropriate touch is strictly prohibited
- The minor may request adjustments or stop the session at any time

## **Areas of Touch**

Massage **may include**:

- Back, shoulders, neck
- Arms and hands
- Legs and feet
- Head and scalp

Massage **will NOT include**:

- Breasts or chest
- Genital or pelvic areas
- Gluteal cleft
- Any area that causes discomfort

## **Parental Presence**

A parent or legal guardian may remain in the treatment room during the session if requested by the minor, guardian, or therapist.



## Health Information

Please list any medical conditions, injuries, allergies, or medications:

## Consent & Authorization

I, the undersigned parent or legal guardian, authorize licensed massage therapy services for my minor child. I understand massage therapy carries inherent risks, results are not guaranteed, and sessions may be terminated at any time for safety or professional reasons.

## Professional Conduct Policy

Dancing Touch Massage maintains a zero-tolerance policy for inappropriate behavior or requests.

## Liability Release

I release Dancing Touch Massage and its licensed massage therapists from liability related to undisclosed or pre-existing conditions.

## Minor Signature

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Parent / Legal Guardian Signature

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_