

Minor Consent Form

I, _____, am the parent or guardian having legal custody of
Parent or Legal Guardian

_____. I hereby authorize _____
Minor Client *Massage Practitioner*

to administer massage treatment. I verify that the minor client is of sufficient age and aptitude as to provide verbal and written feedback to the practitioner before, during and after the massage.

I understand that I am welcome and encouraged to remain in the area where the massage is being administered. I understand that if the minor client is 16 to 18 years of age I am required to stay in the massage room for the entire duration of the first appointment. I understand if the minor client is under the age of 16 I must stay in the massage room for the entire duration of the massage for each and every session up until the client is 16 years of age. Once the massage has actually started, I agree to remain in the room and avoid distracting the recipient or practitioner. I further understand that as the parent/guardian, I have the right to place any conditions on the environment and massage on behalf of the minor. I agree to list those on the back of this form and inform the therapist prior to the start of the first session.

I also agree that I have completed the Intake Form and have informed the therapist of all medical diagnoses, symptoms, medications, and complaints associated with the minor receiving treatment(s).

Signature _____
Parent or Legal Guardian Authorized Adult Custodian

Phone (Home or Cell) _____ Date _____

Signature _____ Date _____
Massage Practitioner