



Therapist: _____

Time: _____

Couples Room

MINOR INFORMED CONSENT FORM

(to be completed if client is under the age of 18)

I, _____, hereby give permission to _____ to provide my minor child/person, _____, under my guardianship with therapeutic massage services as deemed appropriate to treat presenting conditions/injuries. I understand that I am financially responsible for the minor, and that all statements contained in this consent apply equally to both the minor and myself.

Parent/ Guardian

Date

My child/minor has my permission to appear for treatment without me present and I further understand that I must make the appointments.

Parent/Guardian

Date