

Minor Informed Consent

I _____ hereby give permission (and until further notice) for therapist _____ to provide my minor child/person _____ under my guardianship with therapeutic massage services as deemed appropriate for conditions/injuries. I understand that I am financially responsible for the minor, and that all statements contained in this consent apply equally to myself and to the minor. I understand that I am required to be present in the room during the session.

Printed Name _____

Signed _____ Date _____ Parent/Guardian

Printed Name _____

Signed _____ Date _____ Therapist