

# Minor Consent Form

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

Parents or legal guardian must be present when filling out intake form and consent form.

Parent or legal guardian must be present in the room for all sessions until a comfortable therapeutic relationship has been established.

I \_\_\_\_\_, am the legal parent/legal guardian of \_\_\_\_\_ and 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 me and the minor.

I have read the above information and give permission for my child, age \_\_\_\_ to receive massage therapy. I also approve of any future treatment sessions.

Dated on the \_\_\_\_\_ (day) of \_\_\_\_\_ (month),  
\_\_\_\_\_ (year)

Signature of Parent/Guardian:

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Printed Name of Parent/Guardian:

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