

Minor Consent Form

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

I _____, am the parent/legal guardian of _____ and hereby give permission to Jessica to provide my 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 to receive massage therapy. I also approve of any future treatment sessions.

Date: _____

Name of minor: _____

Signature: _____

Print Name: _____

Parent/Guardian phone #: _____