



## Parent/Guardian Consent Form for Minor Client

(Clients under the age of 18 must have this form completed by their parent or legal guardian.)

### As the parent or guardian, I understand and consent to the following:

- Massage service offered at this practice is for the purpose of general wellness, stress reduction, and relief of muscular tension.
- I (parent or guardian) must remain in the room with the massage therapist and minor client for the duration of the minor's massage session.
- I (parent or guardian), the client, or the massage therapist may terminate the session at any time.
- The client does not have any injuries or conditions that prevent receiving massage therapy. I understand the importance of informing the massage therapist of all medical conditions and medications that the client is taking, and that there may be additional risks based on the client's physical or mental conditions.
- The client must immediately inform the therapist of any pain or discomfort so that the pressure or techniques used can be adjusted to remain within comfort limits. The massage therapist is not responsible for any pain or discomfort experienced during or after the treatment.
- I have been given the opportunity to ask questions about massage therapy and my questions have been answered. Also, I have been advised of the policies and procedures pertaining to massage and I understand these policies.

By signing below, you acknowledge that you are the parent or legal guardian of the minor who is to receive massage or bodywork from this practitioner. You acknowledge that you have read and understood all information on this form, and authorize this massage practice to provide therapeutic massage and bodywork for your child or dependent.

Information regarding massage in general, benefits, risks, contraindications of massage, and possible alternative therapies have been explained to me. I further understand that massage therapy is not a substitute for a medical examination or treatment, and that I should see a physician or other qualified health specialist for any mental or physical ailment of which I am aware. I understand that massage therapists do not diagnose illness or disease, and nothing said during the massage should be construed as such. My consent is informed and voluntary and I understand that I may withdraw my consent at any time except for actions already taken.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Parent or Guardian Name (Please Print)

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Name of Client / Minor (Please Print)

\_\_\_\_\_  
Current Age of Minor

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date