



Massage Concepts

Minor Consent Form for Massage

By signing below, you agree that you are the parent or legal guardian of the minor receiving treatments at Massage Concepts. You understand that you are required to remain at the facility for the entirety of the minor's treatments. We may also request that you remain in the treatment room to supervise all interactions between the therapist and the minor. You also agree that you have informed the therapist of all medical diagnoses, symptoms, medications, and complaints associated with the minor receiving treatments.

Guidelines:

- Minors (all clients under the age of 18- unless otherwise emancipated) can only receive massage with written parental/legal guardian consent. For clients age 14 and under, the parent/guardian is recommended to be present in the treatment room.
- _____ **INITIAL HERE** if both client and parent/guardian are comfortable with the minor being in the treatment room by themselves; otherwise parent/guardian should be in the treatment room during each session.
- Appropriate draping will be used at all times during the massage, only areas being massaged are uncovered.

PLEASE PRINT CLEARLY: I _____, certify that I am parent or legal guardian of _____, who is _____ years of age as of today. I have completed the Intake Form for the above-mentioned minor and informed the therapist of all relevant medical history and concerns. I understand the scope of massage therapy and that it is not meant to diagnose, treat, or cure any conditions and is not a replacement for standard medical care. I give permission for my minor child to receive treatment(s) at this facility and agree to all the above terms.

Signature: _____ Date: _____