

Joy of Healing Massage Therapy

Consent Form for Massage on a Minor

I, _____, am the parent or guardian having legal custody of
Parent or Legal Guardian

Minor Client/Patient

I hereby authorize _____ to administer massage treatment.
Licensed Massage Therapist

I verify that the minor client is of sufficient age and aptitude as to provide verbal and written feedback to the therapist before, during and after the massage.

I understand that I am welcome and encouraged to remain in the area where the massage is being administered. Once the massage has actually started, I agree to avoid distracting the massage recipient or therapist if I remain in the room. I further understand that as the parent/guardian, I have the right to place any conditions on the environment and massage treatment on behalf of the minor. I agree to list those below in the space provided.

Signature of Parent or Legal Guardian: _____

Phone: _____ Date: _____

Signature of Massage Therapist: _____ Date: _____

Please list any conditions you wish placed on the environment or massage treatment of the minor:
