Parental Consent for Therapeutic Massage of a Minor

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my permission for my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(adult/guardian) (name of minor)

to receive therapeutic massage from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a licensed massage therapist with Premier Therapeutics, LLC. I understand that the treatment provided is in accordance with the state laws and rules that govern massage. My child will be draped throughout the treatment, with only the area being worked exposed. If my child or I have any questions or concerns I understand we can stop the session at any time.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_