

# MASSAGE THERAPY

## *Minor Consent Form*

\*Clients under the age of 18 must have this form completed by their parent or guardian.

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

- This practice provides massage services for general wellness, stress reduction, and muscle tension relief.
- I (parent or guardian) must remain in this massage office during the minor's massage session. I may remain in the treatment room for the duration of the procedure. The session may be terminated at any time by I (parent or guardian), the client, or the massage therapist.
- There are no injuries or conditions that would preclude the client from receiving massage therapy. I recognize the significance of informing the massage therapist of all medical conditions and medications that the client is taking, as well as the fact that there may be additional risks based on the client's physical or mental conditions.
- If the client feels any pain or discomfort, he or she must immediately notify the therapist so that the pressure or techniques used can be adjusted to remain within comfort limits. The massage therapist is not liable for any pain or discomfort felt during or after the treatment.
- I was given the opportunity to ask questions about massage therapy, and they were all answered. Also, I have been informed of the massage policies and procedures, and I am familiar with them.

Massage in general, its benefits, risks, contraindications, and possible alternative therapies have all been explained to me. I also understand that massage therapy is not a substitute for a medical examination or treatment, and that I should consult a physician or other qualified health specialist if I am experiencing any mental or physical symptoms. Massage therapists, I understand, do not diagnose illness or disease, and nothing said during the massage should be interpreted as such. My consent is informed and voluntary, and I understand that I have the right to withdraw my consent at any time, with the exception of actions already taken.

*By signing below, you certify that you are the parent or legal guardian of the minor receiving massage or bodywork at this facility. You acknowledge that you have read and understood all of the information on this form, and you give permission for this massage practice to provide therapeutic massage and bodywork to your child or dependent.*

\_\_\_\_\_  
Name of Client/Minor

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

\_\_\_\_\_  
Client(s) and/or Representative

\_\_\_\_\_  
Relation to Minor

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date