

MINOR MASSAGE THERAPY CONSENT FORM

Massage Facility: _____ Massage Therapist: _____

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

1. Massage services offered at this facility are for the purposes of general wellness, stress reduction, and relief of muscular tension.
2. I must remain at the massage office for the duration of the minor's massage session. I may remain in the treatment room throughout the treatment. I, the minor, or the massage therapist may terminate the session at any time.
3. The minor does not have any injuries or conditions that prevent them from receiving massage therapy. I understand the importance of informing the massage therapist of all medical conditions and medications that the minor is taking, and that there may be additional risks based on the minor's physical or mental conditions.
4. The minor 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.
5. I have been given the opportunity to ask questions about massage therapy and my questions have been answered. Additionally, I have been advised of the policies and procedures pertaining to massage and I understand these policies.

Information regarding massage in general, benefits, risks, contraindications, 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.

By signing below, I acknowledge that I am the parent or legal guardian of the minor who is to receive massage or bodywork at this facility. I acknowledge that I have read and understood all information on this form, and I authorize this massage facility to provide therapeutic massage and bodywork for my child or dependent

Minor Signature: _____ **Date:** _____

Print Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____

Relation to Minor: _____