



Minor Informed Consent

I _____ hereby give permission (and until further notice) to _____ to provide my minor child/person under my guardianship with therapeutic massage services as deemed appropriate to treat presenting conditions/ injuries. I also understand that I am financially responsible for the minor, and that all statements contained in this consent apply equally to any Holistic Massage Therapists and the minor.

_____ Date: _____
Parent/Guardian

My child/charge has my permission to appear for treatment without me present and I further understand that I must make the appointments.

_____ Date: _____
Parent/Guardian

For more information please visit our website at
www.myholistmassage.com/my-policies