



Knewtson
Health Group

Massage
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 understand that I am financially responsible for the minor, and that all statements contained in this consent apply equally to myself and to the minor.

Signed _____ **Date** _____
Parent/Guardian

My child/charge has my permission to appear for treatment without me present and I further understand

My child is in good health and does not have any condition that prohibits them from receiving massage. If the child experiences any pain or discomfort during this session, she/he will immediately inform the therapist so that the session may end.

Guardian/Parent _____ **Date** _____

Minor Child's Name _____