



CONSENT FORM FOR MASSAGE ON A MINOR

I, _____, am the parent or guardian having legal custody of
Parent or Legal Guardian Name

Minor Client

I hereby authorize Caroline Snijder van Wissenkerke, LMT to administer massage treatment for the minor client named above. I verify that the minor client is of sufficient age and aptitude as to provide verbal and written feedback to the practitioner before, during and after the massage.

I understand that I am welcome to remain in the room during the massage. If I choose to remain in the room I agree to avoid distracting the minor client or practitioner during the session. If I choose not to remain in the room during the treatment I understand I must be immediately available should the minor client request my presence.

I further understand that as the parent/guardian, I have the right to place any conditions on the environment and massage on behalf of the minor client. I agree to list any such conditions below in the space provided.

I have NO conditions to disclose.

I have conditions to disclose and they are as follows:

Date _____ Signature _____ Phone _____
Parent or Legal Guardian

Date _____ Signature _____
Licensed Massage Therapist