



CompassionMassage.com

Minor Informed Consent

I _____ hereby give permission (and until further notice) to _____ to provide therapeutic massage services as deemed appropriate to treat presenting conditions/injuries to my child/minor under my guardianship. 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

I understand that I must be present for my child's/person's first session so I can witness the type of therapy being provided for him/her. After the first session, my child has my permission to appear for treatment without me present and I further understand that I must make the appointments.

Signed _____ Date _____