

# *Consent to Treat Minor Child Form*

---

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby authorize :

\_\_\_\_\_ of Whole Life Massage to administer massage therapy, bodywork or body treatments to my child or dependent as I deem necessary. I intend this consent form to cover the entire course of treatment for this child's present condition. I further intend this consent for any future condition(s) for which I seek treatment for this child.

Full Name of Child \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Printed Name of Parent or Guardian \_\_\_\_\_ Relationship to child \_\_\_\_\_