

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 _____