

# Human Touch Massage Therapy Consent - Minor

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **Authorization to Treat a Minor**

I hereby request and authorize my massage therapist to perform massage therapy techniques on my minor son/daughter. This authorization extends to all massage therapists at this clinic. I understand that I might be asked to be present in the room during the massage therapy session with my minor son/daughter.

As of this date, I have legal right to select and authorize health care services for the minor child named above.

(if applicable) Under the terms and conditions of my divorce, separation, or other authorization, the consent of a spouse or other parent is not required. If my authority to so select and authorize this care should be revoked or modified in any way, I will immediately notify Human Touch Massage.

\_\_\_\_\_  
Legal Guardian Name (Printed)

\_\_\_\_\_  
Legal Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship with Minor Client

