
CONSENT TO TREATMENT OF MINOR

(I)(We), the undersigned, parent(s)/person having legal custody/legal guardianship of

_____, a minor, do hereby authorize
(name of minor)

_____, as agent(s) for the undersigned to consent to
(name of agent)

any assessment and massage therapy services, which are deemed advisable by a licensed massage therapist or provider of massage therapy services, be rendered under the general or special supervision of any licensed provider of massage therapy services.

It is understood that this authorization is given in advance of any specific treatment/services being required but is given to provide authority to the above described agent(s) to give specific consent to any and all such treatment/services which provider of massage therapy services, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

This authorization shall remain effective until _____, 20_____,
(month and day) (year)

unless sooner revoked in writing delivered to the agent(s) noted above.

Date _____

Signature _____
(parent/legal guardian/person having legal custody) (circle relationship)

Signature _____
(parent)