

MINOR CONSENT AND RELEASE FORM FOR MASSAGE THERAPY

All persons under the age of 18 seeking treatment are required to have a parent or guardian fill out this form unless proof of emancipation is provided and attached to this form.

Please print clearly and do not sign this form until you are in the presence of your therapist.

I, _____, am the parent or guardian having legal custody of
Parent or Legal Guardian

_____ who is _____ years of age as of today. I hereby authorize
Minor Client

_____ Jayshree Telnes _____ to administer massage treatment. I verify that the minor
Massage Practitioner

client is of sufficient age and aptitude as to provide verbal feedback to the practitioner before, during and after the massage.

I understand that I am welcome and encouraged to remain in the area where the massage is being administered. I understand that if the minor client is 16 to 18 years of age I am required to stay in the massage room or on premises within the clinic for the entire duration of the first appointment. For subsequent appointments, I understand that I may choose to leave the premises during the session provided that I remain reachable by telephone or text. I understand if the minor client is under the age of 16 I must stay in the massage room for the entire duration of the massage for each and every session up until the client is 16 years of age. I further understand that as the parent/guardian, I have the right to place any conditions on the massage on behalf of the minor. I agree to list those on the back of this form and inform the therapist prior to the start of the session.

As the parent or legal guardian, I understand that I am responsible for assisting the minor in preparing for his or her treatment. This may include, but is not limited to appropriate conversations around expectations for a treatment session, assistance in dressing or undressing, and assistance in getting on and off of the treatment table.

I also agree that I have completed the Intake Form and have informed the therapist of all medical diagnoses, symptoms, medications, and complaints associated with the minor receiving treatment(s).

Parent or Legal Guardian phone (Home or Cell) _____

Signature _____ Date _____
Parent or Legal Guardian