



DONALD K SHIFLET, DC
CHIROPRACTIC PHYSICIAN

Minor Consent Form

for Massage Therapy

Minor client's information:

Print Name _____ DOB ____/____/____

Parent/legal guardian information:

Print Name _____

Parent or legal guardian must be present to complete the Health History form for the minor, along with consent for massage therapy.

- All clients under the age of 18 can only receive massage therapy with written permission from parental/legal guardian consent.
- For clients age 14 and under, the parent/guardian must always be present in the treatment room
- For clients 15 and over, if both client and parent/guardian are comfortable, the minor may be in the treatment room by themselves. Initial here _____
- Appropriate draping will be used at all times during the massage, only areas being treated are uncovered.

As parent/legal guardian of the above named minor, I hereby consent to said minor's Massage Therapy treatment with **First Last Name, LMT**. Although the law does not state it, I understand that I am encouraged to remain in the treatment room during the massage therapy session.

I understand that I am financially responsible for the minor and that I must schedule all appointments on their behalf.

I have read all information and agree to the above guidelines.

Parent/legal guardian signature _____

Date ____/____/____