

Leila M Percy Massage

Minor Consent Form

I _____, am the parent or guardian of _____

I hereby give consent for my minor child to receive massage therapy or kinesio tape treatments from Leila M Percy LMT CKTP. I understand I am financially responsible for the minor and that I must schedule all appointments on their behalf. I agree to the guidelines listed below.

Minor Guidelines:

Parent or guardian must accompany minor for the first treatment session and help minor with filling out massage intake form.

For minors 14 and under, parent or guardian must be in the treatment room or waiting room during the first session. If the parent or guardian is comfortable with the therapist they may opt not to stay in the office for future appointments.

For minors 15-17 the parent or guardian may decide if they wish to be present in the treatment room or waiting room for the first visit.

Signature: _____ Date: _____