

Consent to Treat a Minor

I _____, certify that I am the parent or legal guardian of _____, who is _____ years of age as of today. I have completed the Health Intake Form for the above-mentioned minor and have informed the therapist of all relevant medical history and concerns. I understand the scope of massage therapy and that it is not meant to diagnose, treat, or cure any conditions and is not a replacement for standard medical care. I give permission for my minor child to receive massage therapy treatment from Savannah Travis, LMT and agree to all the above terms.

Signature: _____ Date: _____