

Parental Consent Form

All clients under the age of 18 are required to have a parent or guardian fill out this form.

By signing below, you agree that you are the parent or legal guardian of the minor receiving treatment(s) from Rachel Mathews.

You understand that you are required to remain on the premises for the entirety of the minor's treatment(s).

You will also be required, if needed, to assist the minor in preparing for their treatment(s).

You may also be requested to remain in the treatment room to supervise all interactions between the therapist and the minor.

You agree that you have completed the Confidential Client Health Survey and have informed Rachel Mathews of all medical diagnoses, symptoms, medications, and complaints associated with the minor receiving treatment(s).

Please Print Clearly:

I _____, certify that I am the parent or legal guardian of _____, who is _____ years of age as of today. I have completed the Confidential Client Health Survey intake form for the above-mentioned minor and 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 treatment(s) from Rachel Mathews and agree to all the above terms.

Printed Name _____ Date _____

Signature _____