



**elements**  
therapeutic massage<sup>®</sup>

## Elements Therapeutic Massage

### CONSENT TO TREAT A MINOR

By signing below I hereby authorize Elements Therapeutic Massage of Belmont and their certified massage therapy staff to administer massage therapy as deemed necessary to my son/daughter, \_\_\_\_\_ (name of child).

I also approve of any future treatment sessions. I understand that as the parent I have the option to remain in the treatment room during the session or to enter at will during the session, providing I knock quietly before doing so.

Dated on the \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year)

Signature of Parent/Guardian:

\_\_\_\_\_

Printed Name of Parent/Guardian:

\_\_\_\_\_