elements massage™

MINOR INTAKE CONSENT

CLIENT (MINOR) NAME	CLIENT (MINOR) DATE OF BIRTH
PARENT / GUARDIAN NAME (PLEASE PRINT)	TODAY'S DATE

BY SIGNING BELOW, I HEREBY AUTHORIZE:

This Elements Massage Studio and its certified massage therapy staff to administer massage therapy as deemed necessary to my son/daughter, who is listed above. I also approve of any future treatment sessions. I understand, that as the parent or guardian, I have the option to remain in the treatment room during the session or to enter at will during the session, provided I knock quietly before doing so.

PARENT / GUARDIAN SIGNATURE	DATE