



# MINOR INTAKE CONSENT

|  |                              |
|--|------------------------------|
| CLIENT (MINOR) NAME  | CLIENT (MINOR) DATE OF BIRTH |
| PARENT / GUARDIAN NAME (PLEASE PRINT)  | TODAY'S DATE                 |
| <p><b>BY SIGNING BELOW, I HEREBY AUTHORIZE:</b></p> <p>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.</p> |                              |
| PARENT / GUARDIAN SIGNATURE  | DATE                         |
|  |                              |