

***elements* therapeutic massage**

CONSENT TO TREAT A MINOR

By signing below I hereby authorize *elements* 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.

Dated on the _____ (day) of _____ (month), _____ (year)

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____