

MINOR - INTAKE CONSENT

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