

***Consent To Treat A Minor (Under 18 years of age)***

I, \_\_\_\_\_ (parent or guardian's name), hereby give my consent to Kimbrin Carlson and/or Candie Huber, Registered Massage Therapists, to give a massage therapy treatment to my child, \_\_\_\_\_, today and for any future treatments.

\_\_\_\_\_

Parent/Guardian Signature

Date

\_\_\_\_\_

Relationship to Child

Witness Signature