



## MINOR CONSENT FORM

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I am the parent/guardian of \_\_\_\_\_ . I hereby give consent for my minor child to receive treatment from Massage Chi. I understand that I am financially responsible for the minor and that I must schedule all appointment on their behalf. I grant permission that my child may receive treatment with or without my presence for any future treatment sessions.

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PRINT NAME – PARENT/GUARDIAN

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SIGNATURE - PARENT/GUARDIAN

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DATE