



MINOR CONSENT FORM

I am the parent/guardian of _____ . I hereby give consent for my minor child to receive treatment from Massage Chi Holistic & Fitness Center. 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.

PRINT NAME – PARENT/GUARDIAN

SIGNATURE - PARENT/GUARDIAN

DATE