

## CONSENT TO TREAT A MINOR

By signing below I hereby authorize NV Massage Therapy 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: \_\_\_\_\_