



NCH Wellness Center

Parent/Guardian Consent for Massage Therapy Services

Minor under 18 years of age (must be at least 13 years of age)

Minor Client's Information

Name: _____ Gender: () Male () Female

Minor's Date of Birth _____ Parent/Guardian Name _____

Address _____

City _____ State _____ Zip Code _____

Parent Phone _____

Parent/Guardian Statement of Consent

As parent or guardian of the above named minor, I hereby consent to said minor's massage therapy service with NCH Wellness Centers and understand that I must be present in the massage room for the duration of the massage therapy service.

I have read and agree to the above.

Parent/Guardian Signature

Date

Witness/Wellness Staff Signature

Date

To be completed at each massage therapy visit. Parent/Guardian must provide photo identification.