



IN TOUCH
m a s s a g e a n d w e l l n e s s

CONSENT TO TREAT A MINOR

By my signature I authorize In Touch Massage & Wellness to provide massage/bodywork to my child or dependent.

By my signature I have disclosed all medical conditions present or in the past on the health form provided to me and filled out prior to my child being treated.

I agree to be present in the treatment room for all therapy provided to my child.

By my signature I agree to pay all cost associated with treatment.

Signature of Parent or Guardian_____

Date_____