



mineralbodyworks
massage therapy

CONSENT TO TREAT A MINOR

Clients (Minor) Name:	Client's Date of Birth:
Parent/Guardian Name (Printed):	Today's Date:

By signing below, I hereby authorize Mineral Bodyworks Massage Therapy of College Station and their certified massage therapy staff to administer massage therapy as deemed necessary to my son/daughter, _____ (name of minor).

I also approve of any future treatment sessions. I understand that as a parent, I have the option to remain in the treatment room during the session or to enter at will during the session, providing I knock quietly before doing so.

Dated on the _____ (day) of _____ (month), _____ (year)

Signature of Parent/Guardian

Date