



**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**\_\_\_\_\_