

Align Massage + Wellness, LLC
Minor Release Form

Authorization to Consent to Treatment of a Minor at Align Massage + Wellness, LLC
Any persons under the age of 18 are required to have a parent or guardian fill out this form.

Minor's Name: _____

By signing below, you agree that you are the parent or legal guardian of the minor receiving treatment(s) at Align Massage + Wellness, LLC.

You understand that you are required to remain at or near the facility for the entirety of the minor's treatment(s).

You will also be required, if needed, to assist the minor in preparing for his/her treatment(s).

You may also request to remain in the treatment room during the treatment session.

You also agree that you have completed the Intake Form and have informed the therapist of all medical diagnoses, symptoms, medications, and complaints associated with the minor receiving treatment(s).

I authorize the following individual(s), whom may accompany the minor to the clinic and to make treatment decisions on my behalf: _____

PLEASE PRINT CLEARLY:

I _____, certify that I am the parent or legal guardian of _____, who is _____ years of age as of today. I have completed the Intake Form for the above-mentioned minor and informed the therapist of all relevant medical history and concerns. I understand the scope of massage therapy and that it is not meant to diagnose, treat, or cure any conditions and is not a replacement for standard medical care. I give permission for my minor child to receive treatment(s) at this facility and agree to all the fully informed terms above.

Print Name: _____

Signature: _____ **Date:** _____