

**The Good Life Massage
Consent to Treat a Minor**

By my signature below, I hereby authorize _____ to administer massage, bodywork, or somatic therapy techniques to my child or dependent as they deem necessary.

I understand that I or another guardian will be required to be on the premises at all times during treatment sessions.

If there is any part of the treatment plan or treatment itself that either I or the minor client are uncomfortable with, I understand that it is my responsibility to let the practitioner know so the treatment can be changed accordingly.

Name of Parent or Guardian (Please write legibly) _____

Signature of Parent or Guardian _____ Date: _____

Signature of LMP _____ Date: _____