

**MASSAGE THERAPY CONSENT FOR A MINOR**

I, the undersigned parent/guardian, hereby grant Crystal Swanson, LMT, of Active Peace Therapeutic, LLC, permission to perform massage therapy treatments for the following child(ren):

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

This shall begin on \_\_\_\_\_, and shall remain effective until terminated by the undersigned.

I understand that if my child is under the age of 13, I must remain in the treatment room at all times. I also understand that if my child is age 13 or above, I am not required to remain in the treatment room but must remain close by.

Parent/ Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_