VITAL HEALTH
Massage Therapy

2640 49th Ave SW | Seattle, WA 98116 | (206) 356-7322

CONSENT FORM: MASSAGE ON A MINOR

I, _____, am the parent or guardian having legal custody of

_____ . I hereby authorize Veronica Hildebrand, LMT to administer massage treatment. I verify that the minor client is of sufficient age and aptitude as to provide verbal and written feedback to the practitioner before, during and after the massage.

I understand that I am welcome to remain in the area where the massage is being administered.

I further understand that as the parent/guardian, I have the right to place any conditions on the environment and massage on behalf of the minor. I agree to list those below in the space provided.

_____ Date_____

Signature

(Parent or Legal Guardian or Authorized Adult Custodian)