**Crystal Body Revision / Midwest School of Massage**

**Minor Consent Form**

**Consent to treat a minor:**

By signing below, I hereby authorize Crystal Body Revision, Midwest School of Massage, and any licensed massage therapy staff/student massage staff to administer massage therapy as deemed necessary to my child (or in the case of guardianship, the child I am legally responsible for),\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Minor)

I also give my consent to treatment for all future sessions. I understand that as the parent or legal guardian I have the option to remain in the treatment room during the session or to enter at will during the session, but it is requested that I knock quietly before doing so.

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(Signature of Parent/Guardian)

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(Printed name of Parent/Guardian)

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(Date)