



Kimberly Schacht CRMT
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Centennial, CO 80112

Consent for Minor

I hereby, give my permission for _____ to receive massage by a qualified therapist.

Child's Name

Child's Birthdate: _____

Initial _____ I understand that the massage/bodywork my child receives is provided for the basic purpose of relaxation and/or therapeutic issues.

Initial _____ Should my child experience any pain or discomfort during a session, they understand to immediately inform the therapist so that the treatment, pressure and/or strokes may be adjusted to their level of comfort.

Initial _____ I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that my child should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware.

Initial _____ I understand that massage/bodywork therapist are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.

Initial _____ Massage/bodywork should not be performed under certain medical conditions, I acknowledge that I have stated to the best of my knowledge all my child's known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in his/her medical information and understand that there shall be no liability on the therapist's part should I fail to do so.

Parent/Guardian Signature

Date

Massage Therapist

Date