



MINOR CONSENT FORM

I, _____ (*parent/guardian's first & last name*), hereby give permission (until further notice) to The Metta Center massage therapists to provide my minor child/person under my guardianship, _____ (*minor's first & last name*), with therapeutic massage services as deemed appropriate to treat presenting conditions/injuries. I understand that I am financially responsible for the minor, and that all statements contained in this consent apply equally to myself and the minor.

Signature: _____ Date: _____
parent/guardian's first & last name

My minor child/person under my guardianship, _____ (*minor's first & last name*), has my permission to appear for treatment without me present and I further understand that I must make the appointments.

Signature: _____ Date: _____
parent/guardian's first & last name