Massage Therapy Consent Form – Minor

I, _____, (parent/legal guardian) understand that massage therapy provided to _____ (minor client) by Chelsea Thompson is intended purpose is to enhance relaxation, reduction of stress, relief from pain caused by muscle tension or spasm, increase range of motion, improve circulation and offer a positive experience of touch. I accept that a single massage session is limited to providing general, non-specific benefits. Other than to determine contraindications, I understand that there will be no extensive assessment performed. If my child experiences any pain or discomfort during the session, they will immediately communicate that to the therapist so the treatment can be adjusted.

I understand that massage therapy is not a substitute for a medical examination, diagnosis, treatment, or medications, and it is recommended that I seek my child's primary healthcare provider (PHP) for any of those services. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy. Due to certain contraindications and cautions for massage, the therapist must be aware of existing physical and mental conditions. I have informed the massage therapist of all known physical, medical, and mental conditions and medications concerning the minor. It is my responsibility to update the massage practitioner with any changes in the minor's health status. I understand that there shall be no liability on the practitioner's part due to my failure to relay any pertinent information.

I understand a parent/legal guardian needs to remain present for the entirety of the treatment session. For minors under the age of _____, a parent or legal guardian must remain in the treatment room unless otherwise agreed upon in writing. I understand that proper draping will be used at all times and professional boundaries will be maintained.

I understand that licensed massage therapists are mandated reporters and are required by law to report suspected abuse or neglect to the appropriate authorities. I have received a copy of the policies. The general benefits of massage therapy, possible cautions or contraindications, and the treatment procedure have been given to me. I have read them, and I understand and accept them. The qualifications of the massage therapist have been disclosed to me.

Chelsea Thompson and all employees of Synergy Bodyworks are not responsible for the loss of valuables or personal property. Please check the room for valuables such as jewelry and glasses. I have reviewed the therapist's policies and understand and agree to abide by them. I acknowledge that with any treatment there can be risks, and I assume those risks on behalf of the minor.

Parent/Guardian Print: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witnessed By:_____ Date: _____

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