

Minor Consent Form

SportsZenergy permits Minors to receive massage therapy treatments from its Registered Massage Therapists, provided the Parent or Legal Guardian agrees to, acknowledges, and signs this consent form.

Parent or Legal Guardian must be present in helping complete the *Client Intake Form* for the minor, along with consent for the massage therapy session. If the Minor is capable, both the Minor and Parent/Guardian shall sign the *Health History Form*.

Minors (all clients under the age of 18 – unless otherwise emancipated, in which case documentation must be provided) must have written Parental/Guardian consent.

In collaboration with the consenting adult and Minor, the Licensed Massage Therapist will assist in establishing goals for the session(s), as well as a long-term treatment plan, if applicable. The Licensed Massage Therapist will discuss health history, symptoms currently experienced by the minor, as well as methods of treatment and areas of the body that will be treated. Side effects resulting from the massage treatment, as well as homecare suggestions will also be discussed. This must all be agreed to by all parties prior to commencement of the treatment session.

For clients aged 14 and under, the Parent/Guardian must always be present in the treatment room.

For clients aged 16-17, if both minor, Parent/Guardian, and Licensed Massage Therapist agree that the minor can be in the treatment room on their own, the Parent/Guardian shall initial here. _____

Otherwise, the Parent/Guardian must be in the treatment room during each session. Once a comfortable, therapeutic relationship has been established and the Licensed Massage Therapist, Minor and Parent/Guardian agree, the Parent/Guardian does not have to be present in the room (however, they must remain in the waiting room of the clinic). In such case, this consent form shall be updated and acknowledged by the Parent/Guardian here. _____
_____ (date)

As per any massage therapy session, appropriate draping will be used at all times during the massage and only areas being massaged are uncovered.

I, _____, am the Parent/Guardian of _____. I have read the above information thoroughly and I give permission for my child, aged ____, to receive massage therapy treatments from the Licensed Massage Therapist at SportsZenergy. _____
(Signature of Parent or Legal Guardian) (Date) _____