

Bodyworks

T H E R A P Y

MINOR CONSENT FORM

I, _____, am the legal guardian of _____
give permission for my child to receive therapeutic massage at Bodyworks Therapy. Parent or
legal guardian must be present to contribute to their patient care plan. I will provide my child
with a swim suite to wear during each session. I understand that what is discussed in the
treatment room will be private and will respect the boundaries of confidentiality.

For ages 12 and older, I understand that I must be present during the first two sessions. 12 years
and younger I must always be present during the session.

Parent/guardian

Print name: _____

Signature: _____ Date: _____

Minor

Print name: _____ D/O/B: _____

Signature: _____ Date: _____