Consent to Massage Treatment for a Minor

I am the parent or guardian, having legal custody of:
_____, who is a minor.
Name of Child

I hereby authorize Brandi A Aubrey, LMT, BCTMB, CSMS and whomever she may designate at Seattle Sports & Therapeutic Massage, LLC to administer massage therapy services, as allowed within the laws of the state of Washington, to the child named above. I verify that the minor client is of sufficient age and aptitude as to provide verbal and written feedback to the massage therapist before, during, and after the massage.

I agree that I have informed the massage therapist about all medical history, symptoms, medications, and/or concerns associated with this minor.

I understand that I may be required to remain at the facility for the entirety of the minor's treatment(s). If I remain in the treatment room, I agree to avoid distracting the minor client and the massage therapist during the session. I understand that I am welcome to stay in the room, or return to the room, at any point during the massage session. If I leave the room during the session, I understand I must be immediately available should the minor or the therapist request my presence.

I further understand that as parent/guardian, I have the right to place any conditions on the environment and massage on behalf of the minor client. I agree to list such restrictions below in the space provided.

Print: _____
Name of Parent of Legal Representative

Signature: _____ Date: _____