



## Minor Consent Form

A Parent or Guardian must be present for the minors massage session.

By signing below I hereby authorize Picturesque Massage Therapy staff to administer massage as deemed necessary to my son / daughter,  
\_\_\_\_\_ ( child's name), age \_\_\_\_\_,  
I also approve of any future treatment sessions .

Dated on the \_\_\_\_\_(day), of \_\_\_\_\_(month),\_\_\_\_\_ (year).

Signature of Parent or Guardian\_\_\_\_\_

Printed Name of Parent or Guardian\_\_\_\_\_