



## MINOR INTAKE CONSENT FORM

CLIENT (MINOR) NAME:	CLIENT (MINOR) DATE OF BIRTH
PARENT / GUARDIAN NAME (PLEASE PRINT)	TODAY'S DATE
<p>BY SIGNING BELOW, I HEREBY AUTHORIZE:</p> <p>Willow Massage and its certified massage therapists to administer massage therapy as deemed necessary to my son/daughter, who is listed above. I also approve of any future treatment sessions. I understand that as the parent or guardian, I have the option to remain in the treatment Room during the session or to enter at will during the session, provided I knock quietly before doing so.</p>	
PARENT/GUARDIAN SIGNATURE	DATE