Studio name _____

Parent or guardian consent for a massage

Your state's rules decide what we need from a parent or guardian for a massage under 18, and whether you stay in the room. The studio goes over your state's rules with you before you sign.

Who the appointment is for

Their name
First name

Last name

Their date of birth (MM/DD/YYYY)

The massage they're booked for

Parent or guardian

Parent or guardian
Parent or guardian's name

Relationship to the client

Phone

Photo ID type and number

Parent or guardian's signature **Date**

Printed name

Health questions

Please answer every question so the practice can plan your session around your health. These questions aren't medical advice, so check with your doctor about anything you're unsure of.

Do you have any of these? Choose all that apply.

☐ High blood pressure ☐ A heart condition ☐ Blood clots or deep vein thrombosis, now or in the past

☐ Varicose veins ☐ Diabetes ☐ Cancer, now or in the past ☐ Osteoporosis ☐ Arthritis

☐ Epilepsy or seizures ☐ Fibromyalgia ☐ Numbness or tingling anywhere

☐ Frequent headaches or migraines ☐ A skin condition, rash or open sore

☐ An implant, such as breast implants or a pacemaker ☐ None of these

Are you pregnant, or could you be?

☐ Yes ☐ No

Have you had an injury or surgery in the last year?

☐ Yes ☐ No

What happened, where, and when?

Do you take any medicines, including pain relievers or muscle relaxants?

☐ Yes ☐ No

Which ones?

Do you take a medicine that thins your blood, such as warfarin or a daily aspirin?

☐ Yes ☐ No

Which one?

Are you allergic or sensitive to any oils, lotions, nuts, latex or scents?

☐ Yes ☐ No

What are you allergic to?

Are you seeing a doctor for anything right now?

☐ Yes ☐ No

What for? Your therapist may ask whether your doctor is OK with massage.

Do you have a fever, a cold, or anything contagious today?

☐ Yes ☐ No

What you agree to

I'm the parent or legal guardian

I'm this young person's parent or legal guardian, and the ID and details I'm giving are real and mine.

Initials ☐

What I'm agreeing to

My consent covers the services written on this form at this practice. I can withdraw it at any time by telling the practice.

Initials ☐

Their health answers

I answered the health questions for them as fully as I can, and I'll tell the practice if anything changes.

Initials ☐

Draping

I'll undress only to my comfort level and be covered by a sheet or towel. Only the area being worked on is uncovered, and my genitals and breasts stay covered the whole time.

Initials ☐

Speaking up

I'll tell my therapist if the pressure is too much, if anything is uncomfortable, or if I want an area skipped. I can stop the session at any time.

Initials ☐

Massage isn't medical care

I understand massage doesn't take the place of medical care. My therapist doesn't diagnose conditions, prescribe treatment or adjust the spine, and nothing said here is medical advice.

Initials ☐

Paying for your session

I understand this practice is cash-pay. It doesn't bill health insurance, and I pay for each session myself.

Initials ☐

Respect

I understand the session is professional and nonsexual. Any sexual comment or behavior ends the session at once, and I'm still charged for it.

Initials ☐

Booking policy

Your deposit or card holds your appointment, and a deposit comes off the price of your session. To move or cancel, give at least 24 hours' notice. A missed appointment or a late cancellation is charged the amount the practice shows when you book.

Initials ☐

the studio uses your health answers only to do your appointment safely and to keep the records the law requires. They are never used for marketing or sold. They are stored encrypted, and every time someone at the studio opens them it is logged.

Parent or guardian signature _____ **Date** _____

Printed name _____