

Release for Treatment of Minor

I understand that the massage therapy given here is for the purpose of relief from muscular tension or spasm, or for increasing circulation and/or relaxation.

I understand that information exchanged during any massage session is of a personal nature and is intended to help me become more familiar with and comfortable with my health status and is to be used at my own discretion.

I understand massage is designed to be a health aid and is in no way a replacement for doctor's care when doctor's care is indicated.

I understand that a massage therapist does not diagnose illness, disease, physical or mental disorder. I understand that a massage therapist does not prescribe medical treatment or pharmaceuticals, or perform any spinal manipulations.

It has been made clear to me that massage therapy is not a substitute for medical diagnoses and that it is recommended that I see a physician for any possible issues that I might have.

I DO / DO NOT authorize Alyce R Peet, CMT, to discuss any treatment received with my parent(s) or legal guardian. (If you do not authorize sharing with your parent/guardian, anything that is discussed at your appointments will be kept strictly confidential, unless the activity discussed is illegal or is deemed to be detrimental to your health or safety, or the health/safety of another individual.) _____

Client Name (please print): _____

Client Signature: _____ Date: _____

Massage Therapist: _____

Consent to Treatment of a Minor

By my signature below, I hereby authorize Alyce R Peet, a State Certified Massage Therapist at Palmyra Massage & Bodywork, to administer massage to my child _____, as she deems necessary.

Guardian Name (please print): _____

Guardian Signature: _____ Date: _____