



### Minor Consent and Release Form

All persons under the age of 18 are required to have a parent or guardian fill out this form. By signing below, you agree that:

1. I am the parent or legal guardian of the minor receiving treatment(s) at Proactive Massage + Bodywork, LLC, and its providers.
2. I understand that I am required to remain at the facility for the entirety of the minor's treatment(s).
3. I will also be required, if needed, to assist the minor in preparing for his/her treatment(s).
4. I may be asked to remain in the treatment room to supervise all interactions between the practitioner and the minor.
5. I have completed the appropriate Intake Form(s) and have informed the practitioner of all medical diagnoses, symptoms, medications, and complaints associated with the minor receiving treatment(s).
6. I consent to allowing him or her to receive services from Proactive Massage + Bodywork, LLC, and its providers.
7. I understand the services offered at Proactive Massage + Bodywork, LLC should not be perceived by me as a substitute for a medical examination, diagnosis, or treatment, and that I should consult a physician or other qualified medical specialists for any concerns about the minor's mental or physical condition.

**Please Print Clearly:**

I, \_\_\_\_\_ (Name of Parent or Guardian), certify that I am the parent or legal guardian of \_\_\_\_\_ (Name of Minor), who is \_\_\_\_\_ (age) years of age as of today. I give permission for my minor child to receive treatment(s) at this facility and agree to all the terms and information stated in the intake form. This consent will be valid for all services rendered by Proactive Massage + Bodywork until I or another legal guardian revokes it in writing.

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's Name (Please Print)

\_\_\_\_\_  
Minors Signature

\_\_\_\_\_  
Date

***This form accompanies the Service Intake and Consent Form***