



## Massage Therapy Minor Informed Consent

I \_\_\_\_\_ hereby give permission (and until further notice) to Bennion Chiropractic to provide my minor child \_\_\_\_\_ under my guardianship with therapeutic massage services as deemed appropriate to treat presenting conditions/injuries. I understand that I am financially responsible for the minor, and that all statements contained in this consent apply equally to myself and to the minor.

Signed \_\_\_\_\_ Date \_\_\_\_\_

*Parent/Guardian*

My child listed above has my permission to appear for treatment without me present and I further understand that I must make the appointments.

Signed \_\_\_\_\_ Date \_\_\_\_\_

*Parent/Guardian*