



Minor Consent Form

I _____ hereby give permission (and until further notice) to _____, a Massage Therapist at Cape Cod Wellness Works, to provide my minor child / person 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 the minor.

Signed _____ Date _____
Parent/Guardian

My child has my permission to appear for Massage Therapy appointments without me present in the treatment room and I further understand that I must schedule the appointments.

Signed _____ Date _____
Parent/Guardian