

Oasis Massage

Consent for Treatment for a Minor

Parent/Guardian must complete this form prior to minor receiving any treatment.

Name of Minor: _____

Age: _____

Parent/Guardian: _____

Relationship: _____

Consent for Treatment for a Minor:

- If my child experiences any pain or discomfort during this session, my child will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to his/her level of comfort.
- I understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware.
- I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.
- Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all of my child's known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my child's medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.
- I also understand that any illicit or sexually suggestive remarks or advances made by me or my child will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.
- If the minor is under age 16, we require that a parent/guardian remain at Oasis Massage for the duration of the service(s). Parent/guardian will be asked to help escort the minor to the massage room and if needed to assist them in preparing for the massage therapy. Parent/guardian may elect to stay with the minor in the room while he/she receives massage services.
- By signing this form, you certify that you are the parent or legal guardian of the child receiving the massage therapy services. You acknowledge that you are aware of the health risk inherent in any form of hands on services provided from any like kind of medical or massage services that your child will be receiving, and waive any and all claims to damages or injuries that you or your child may have against Oasis Massage or any of the registered therapists that may be used by Oasis Massage. By signing below you agree that you have read, understand and agree to this statement, "I am giving up certain legal rights and / or remedies." Understanding all of this, I give my consent to receive care.

Parent/Guardian Signature: _____ Date: _____