## Minor Informed Consent (to be completed if client is under the age of 18)

I hereby give permission to Martha Binz, Licensed Massage Therapist, 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 the Intake packet apply equally to both me and the minor.

Parent/Guardian: Please print	Parent/Guardian Signature
Name of Minor: Please print	Minor Signature:
	Date of Birth:
My child/charge has my permission t	to appear for treatment without me presence.
Parent/Guardian Signature	

I do not treat areas blacked out.

If there are any areas you do NOT want treated, please mark with an X

Circle areas to be treated.

