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## Minor Consent Form

I \_\_\_\_\_ am the parent/guardian of  
\_\_\_\_\_.

I hereby give consent for my minor child to receive massage therapy/bodywork sessions deemed appropriate to treat presenting conditions/injuries with Jessica Meirs, LMT at Mend Your Body Massage LLC.

I understand that I am financially responsible for the minor and that I must schedule all appointments on their behalf. I grant permission that my child may receive treatments with or without my presence.

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

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Date