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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 treatments deemed appropriate to treat presenting conditions/injuries from Mend Your Body Massage with Jessica Meirs, LMT.

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 treatment with or without my presence.

Signature of Parent

Print Name of Parent

Date