

I,	, am the parent or guardian having legal custody of
Minor Client	<u></u> .
massage treatment for the minor client	n Wissenkerke, LMT to administer bodywork or named above. I verify that the minor client is of le verbal and written feedback to the practitioner
remain in the room I agree to avoid dis-	ain in the room during the session. If I choose to tracting the minor client or practitioner during the room during the treatment I understand I must be r client request my presence.
•	guardian, I have the right to place any conditions on alf of the minor client. I agree to list any such I.
☐ I have NO conditions to disclose.	
☐ I have conditions to disclose and they are as follows:	
DateSignature	Phone Parent or Legal Guardian
	. G. S. R. S. Logar Guardian
DateSignature	Licensed Massage Therapist